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ABSTRACT

The manual, designed for one-day workshops for 20 to 40 alcoholism rehabilitation and treatment professionals who are involved with traffic safety problems, is one of a series of five workshop manuals developed to assist State and local agencies involved in the development of programs for coping with the drinking-driver problem. Workshop goals include: encouraging communication between treatment professionals, developing cooperative plans, and motivating implementation of these plans. Activities include: small group exercises, the film "Ladies and Gentlemen of the Jury," discussions of current approaches to the problem, and drinking-driver treatment modalities. The manual is organized into three major parts: (1) the introduction, containing an overview of the problem, manual synopsis, and workshop staffing suggestions; (2) the governor's representative and chairman workshop materials providing all materials needed; and (3) appendixes consisting of preworkshop instructions, group moderator workshop materials, and miscellaneous materials (these include information on audiovisual equipment, instructions, evaluation forms, and an optional alcohol-awareness activity). The manual is designed to be completely self-executing and includes sample letters, fully executed speeches, discussion guidelines, evaluation instruments, and participant selection criteria. (MW)

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ALCOHOL HIGHWAY-TRAFFIC SAFETY WORKSHOP
FOR
ALCOHOL REHABILITATION & TREATMENT PERSONNEL

Prepared for:

The U.S. Department of Transportation
National Highway Traffic Safety Administration
Washington, D.C. 20590

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Brooks Griffith, Arkansas

Richard Turk, Maryland

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John Hanna, Virginia.

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THE DRINKING-DRIVER PHENOMENON

Although drinking drivers have operated motor vehicles since the invention of the automobile, only recently has sustained attention been focused on the highway carnage caused by impaired and drunk drivers. We have reached the point where drinking drivers and pedestrians are involved in more than 28,000 thousand traffic fatalities each year, or over 70 deaths every day. An estimated 800,000 accidents a year are caused by drivers who were impaired or drunk while driving.

Research* has indicated that alcohol consumption by drivers and pedestrians is responsible for more deaths and accidents on the highway than any other single factor. Specifically, drinking drivers and pedestrians contribute directly to approximately half of all traffic deaths. Most of these deaths, however, are not the result of actions by what is commonly known as the "social drinker." These deaths are largely the result of actions of the driver who drinks to great excess, the so-called "problem drinker." Alcoholics and other problem drinkers, who constitute less than 10% of all licensed drivers in the United States, account for a very large part of the overall problem. It appears, in fact, that two-thirds of those drinking drivers who are involved in fatal accidents are problem drinkers.

Problem drinker-drivers are those who have had more than one arrest for offenses involving alcohol (including non-highway arrests), who are known to the various health and social agencies in their communities, and who often have a history of troubled relationships with their employers, their families, and their banks or creditors.

Most research indicates that at least 7% of the total population of over 100 million drivers are problem drinkers. This means that there are more than seven million drivers on the highways today who are the primary hazard in terms of alcohol-related crashes; that is, one driver out of every fifteen. Clearly, this is a crisis demanding a prompt and effective remedy.

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*Most studies referred to in this Manual are summarized in the Department of Transportation 1968 Alcohol and Highway Safety Report to Congress.

THE NATIONAL EFFORT TO COPE WITH THE PROBLEM

The Department of Transportation (DOT) has mounted a national three-part effort in highway traffic safety:

1. the development and use of passive restraint systems;
2. the design and implementation of more stringent requirements in vehicular safety; and
3. the initiation of a comprehensive alcohol countermeasures program involving law enforcement, legislative, judicial, driver licensing and rehabilitation-treatment agencies, and prosecutors.

The third approach is specifically aimed at alcohol-highway traffic safety. The thrust of this latter approach is to assist the states in planning, developing, and implementing systematic state-wide approaches and programs of their own to cope with the problem. This Manual is part of this effort to help assist rehabilitation and treatment professionals who are responsible for dealing with the problem drinker-driver.

THE APPROACH FOR THE SERIES OF MANUALS

This Manual is one of a series of five manuals designed to assist state and local officials to conduct workshops in which representatives of state and local government and members of law enforcement, judicial, and rehabilitation-treatment agencies develop programs for coping with the drinking-driver problem. This manual has been designed for one-day workshops for alcoholism rehabilitation and treatment professionals who are involved with alcohol-traffic safety problems. The other four manuals include one each for local officials, state officials, law enforcement agencies, and judges.

The five workshops are designed to accomplish two purposes: first, to focus on the necessity for cooperation and coordination among agencies and individuals in coping with the problem, and second, to focus on the need for each agency and individual to see himself as part of a system or a team, in which all functions should be coordinated if maximum impact on the problem is to be achieved. To avoid overlap or conflict of interest among the various agencies and groups involved, each workshop has also been designed to stress the importance of each individual agency's contributions to the overall effort.

OBJECTIVES OF THE REHABILITATION AND TREATMENT PROFESSIONALS WORKSHOP

This manual has been designed, as noted, for the conduct of one-day workshops with 20 to 40 alcoholism rehabilitation and treatment professionals who handle DWI cases. The effectiveness of rehabilitation and treatment is critical to the success of the overall effort to stop the drinker-driver because about two-thirds of those involved in alcohol-related fatal (and, presumably, non-fatal) crashes are either problem drinkers or alcoholics. These problem drinker-drivers must be rehabilitated if they are not to repeat their crimes, for punitive sanctions alone have proved to be insufficient deterrents. In order to be effective, the various actors responsible for alcohol-traffic safety must work together in a coordinated fashion. Among the most essential needs are increased communication and coordination with other agencies coping with the drinker-driver and exploration and application in cooperation with these agencies of new treatment modalities, particularly with respect to specific treatments for the drinker-driver.

The overall goals of the workshop are therefore to encourage treatment professionals to communicate openly with each other, to develop and detail cooperative plans for coping with the drinking-driver problem, and to become motivated to implement these plans. Although maximum impact on the drinking-driver problem can be achieved only if all elements of the system plan cooperative actions that reinforce each others' activities and avoid duplication of effort, inconsistent efforts, and contradictory efforts, the workshop stresses that participants can also take independent actions to help solve the problem. The specific workshop objectives are:

1. to increase participants' awareness of the nature and extent of the drinking-driver problem, and therefore, of the need for improvement and expanded efforts in the alcohol-traffic safety system;

2. to increase participants' awareness of the existence, resources, responsibilities, problems and interrelationships of the other parts of the system, and of current national, state, and local efforts to improve cooperation;

3. to increase participants' awareness of their role in the system, and of how they can facilitate coordination;

4. to increase participants' ability to analyze their role with respect to acting, where necessary, independently of other agencies;

5. to motivate them to take an active role in educating the public and other actors;

6. to encourage participants to realize that both coordinated and independent actions can impact the problem; and

7. to motivate them to act on this awareness.

This increase in participants' awareness of these aspects of their role in the alcohol-highway traffic safety system cannot be accomplished by mere lecture. Most of the workshop exercises are, therefore, based on an exchange of ideas among the participants. There are several reasons for using this approach:

1. many participants have significant expertise on the subject;

2. they are more aware of unique local conditions than are those conducting the workshop;

3. the primary objective of the workshop is to promote action and cooperation, and this requires opening lines of communication;

4. professionals may resist being provided with lecture material that they could more easily read on their own;

5. the ideas aired at the workshops may be better than those of the workshop designers.

Those conducting the workshop, therefore, should make clear to participants that they are not being told what to do but are being encouraged to exchange their ideas and develop their own plans for dealing with the drinker-driver.

ORGANIZATION OF THE MANUAL

The Manual is organized into three major parts:

I. INTRODUCTION

II. GOVERNOR'S REPRESENTATIVE AND CHAIRMAN WORKSHOP MATERIALS and

III. APPENDICES

The INTRODUCTION contains an overview of the nature of the drinking-driver problem, a synopsis of the entire Manual, and the suggested method for staffing the workshop.

The GOVERNOR'S REPRESENTATIVE AND CHAIRMAN WORKSHOP MATERIALS section provides all the materials (except for audiovisual materials and multiple copies of forms) that the Governor's Representative and his Chairman will need to use during the workshop. As the workshop progresses from the opening speeches, they need only to turn from page to page in this section to learn what they need to do or say next.

The APPENDICES section consists of three major sub-sections:

A. The Governor's Representative Pre-Workshop Instructions,

B. The Group Moderator Workshop Materials, and

C. Miscellaneous Appendices.

A. The Governor's Representative Pre-Workshop Instructions Appendix provides detailed instructions for preparing for and administering the workshop. It is critical that this section be read carefully in order to ensure that all workshop preparations are carried out efficiently and on time. The Appendix ends with a check list of tasks the Governor's Representative will need to complete prior to the workshop.

Insofar as possible, this Manual has been made completely self-executing. Whenever possible, all work involved in preparation for and in conducting the workshop has been provided in the Manual. For example, sample letters of invitation have been written in advance, speeches have been fully executed, evaluation instruments have been devised, and selection criteria for participant identification have been drawn up.

B. The Group Moderator Workshop Materials Appendix provides all the instructions that the Group Moderators who direct small group activities will need to read before the workshop and all the materials they will need to use during the workshop. It should be noted that much of their material duplicates materials previously found in the Governor's Representative and Chairman Workshop Materials section. However, this separate Appendix comprising all Group Moderator materials has been included so that the Governor's Representative will have a pre-collated section that can be duplicated as is and given to each Group Moderator. As a result of this and other section duplications, the Manual is somewhat bulky, but it was felt that size should be sacrificed for maximum self-executability and ease of implementation.

C. The Miscellaneous Appendices section provides information on audiovisual equipment, on the participants' handout folder of take-home information, on follow-up evaluation methods for determining the success of the workshop, and an optional alcohol awareness activity.

STAFFING

In addition to the Governor's Representative and his staff, six other individuals will be needed to assist in directing the workshop: a Chairman and five Group Moderators.

The Chairman should be a person highly regarded by the participants and therefore it is recommended that he be a respected alcoholism rehabilitation or treatment professional. His role and functions have been fully detailed in Appendix A (Governor's Representative Pre-Workshop Instructions). His speeches and instructions are contained in section II, Governor's Representative and Chairman Workshop Materials. The Governor's Representative will want to give his Chairman a complete copy of this section even though several of the activities may be directed by the Governor's Representative himself. The Chairman should be given a copy of this entire section so that:

- he can gain a comprehensive overview and understanding of the entire workshop--its objectives and activities--before it begins,
- he can be familiar at all times with what is taking place and is supposed to be taking place during the workshop, and
- he can, if necessary, take over the direction of an activity or a small group discussion should the Governor's Representative or a small Group Moderator suddenly become unavailable.

The Chairman will have to spend time preparing for the workshop and will lead several of the activities.

The five Group Moderators are volunteers from among the participants. They will have to read some introductory materials prior to the workshop in order to direct the small group activities. These five moderators and two alternate Group Moderators should be selected prior to the workshop (alternates in case one or two appointed Group Moderators fail to show up). The role and functions of the Group Moderators have been detailed in the first Appendix, The Governor's Representative Pre-Workshop Instructions. Instructions explaining their tasks during the workshop may be found in the second Appendix, Group Moderator Workshop Materials.

The organizer may choose to enlist both administrative and technical support in preparing for and/or running the workshop. Such additional assistance would undoubtedly improve the caliber of the workshop. However, the Manual has been designed to be implemented by the organizer, the Chairman and the Group Moderators alone, and pilot testing has indicated that, used in this manner, the resulting workshop can provide a meaningful and exciting learning experience for all participants.

As you will see, the workshop is a dynamic experience. It has a rhythm and definite pattern of growth, and its desired effects on participants depend on maintaining this structure. Note the fact that the types of activities are varied, with as few straight lectures as possible and with as much variety from one activity to the next as possible.

This Manual was designed to serve as a resource. If you wish, all the instructions can be followed to the letter, and the resulting workshop will be successful. However, you are invited to add to it and to modify it as you see fit. However, if you choose to make changes, you should keep in mind the purpose and flow of the original design so that each of its components that you do use will mesh well with your additions.

SCHEDULE

8:30 - 9:00	REGISTRATION
9:00 - 9:30	INTRODUCTIONS BY GOVERNOR'S REPRESENTATIVE AND CHAIRMAN
9:30 - 10:00	ACTIVITY #1: INTRODUCTORY EXERCISE
10:00 - 10:15	COFFEE BREAK
10:15 - 11:15	ACTIVITY #2: NATURE AND SCOPE OF THE PROBLEM
11:15 - 12:00	ACTIVITY #3: FILM: LADIES AND GENTLEMEN OF THE JURY
12:00 - 1:00	LUNCH
1:00 - 3:00	ACTIVITY #4: TEAM APPROACH TO SOLVING THE PROBLEM
3:00 - 3:15	COFFEE BREAK
3:15 - 3:45	ACTIVITY #5: CURRENT APPROACHES PRESENTATION
3:45 - 5:00	ACTIVITY #6: SMALL GROUP DISCUSSIONS OF DRINKER-DRIVER TREATMENT MODALITIES
5:00 - 5:30	WRAP-UP

SUMMARY OF WORKSHOP ACTIVITIES

REGISTRATION AND PRE-TEST

Registration is between 8:30 and 9:00 a.m. If possible, two assistants should supervise the Registration Desk where participants fill in the initial evaluation form and pick up their packets of information.

INTRODUCTIONS BY THE GOVERNOR'S REPRESENTATIVE AND CHAIRMAN

This section provides a description of the purpose of the workshop, a rough outline of events, an introduction to the principal actors, an introduction to the systems approach to solving the alcohol-traffic safety problem, and instructions for the first exercise.

ACTIVITY #1: INTRODUCTORY EXERCISE

Participants work in small groups. Collectively, they work on providing answers to a series of multiple-choice and true-false questions on the nature and scope of the problem and various countermeasures. The Governor's Representative emphasizes that, despite the form it takes, this exercise is not a quiz. In addition, each group does not submit its responses; instead, each participant records his group's answers, along with any individual comments or disagreements that he wishes to note.

In order to maintain interest, the exercise is brief. Any questions left unanswered by the group remain unanswered until the end of Activity #2. The Governor's Representative develops a few questions dealing with his specific state, including accident rates, enforcement statistics, and countermeasure programs. At the end of the exercise, the Governor's Representative asks participants to be patient; many of their questions will be answered during the following activities.

COFFEE BREAK

Because participants are not given the correct answers to the Inventory, they may be interested in comparing their responses. A coffee break at this time gives them the opportunity to do this.

ACTIVITY #2: NATURE AND SCOPE OF THE PROBLEM

This exercise provides the factual basis for the rest of the workshop. It consists of a slide-talk followed by a film. The talk covers the most important points concerning the magnitude and nature of the drinking-driver problem. The film dramatically provides additional details about the effects of alcohol on driving.

It is especially important that this exercise follow and not precede the Information Inventory. The Information Inventory exercise should demonstrate to participants that there are relevant facts about the drinker-driver that they do not know. Without this clear indication of their lack of knowledge some participants may feel offended by the elementary nature of the points covered in this activity.

After the film, answer sheets for the Information Inventory are handed out. This is followed by a discussion period, during which the Governor's Representative, the Chairman, and anyone else who has something to contribute, explain any of the issues that participants have questions about. The Governor's Representative is provided with a discussion guide that contains answers to the Information Inventory questions. He must provide answers to questions about his particular state. Participants emerge from this session with an understanding of the nature and the scope of the problem on the national and state levels.

ACTIVITY #3: FILM: LADIES AND GENTLEMEN OF THE JURY

Participants view a thirty-minute film depicting the processing of a DWI case from arrrest through trial. They then record the treatment modality they would choose for the defendant. Later in the workshop these notes are used to develop a discussion of treatment modalities.

ACTIVITY #4: SYSTEMS OR TEAM APPROACH TO THE PROBLEM

This activity has several parts, all dealing with the interrelationships among the various actors in the alcohol-traffic safety countermeasure system. In small groups, participants discuss the nature of the system, its interrelationships, the deficiencies in the present system, the constraints operating upon individual actors, and recommendations for solutions to these problems.

ACTIVITY #5: CURRENT APPROACHES

This is a presentation of the approaches being used currently to deal with the drinking-driver problem.

ACTIVITY #6: DISCUSSIONS OF DRINKING-DRIVER TREATMENT MODALITIES

Participants break again into their small groups. Each group discusses treatment modalities and objectives for treatment of drinker-drivers.

The Governor's Representative calls the small groups back together for the remaining ten minutes of the activity (or earlier if all groups are ready). In this large group session moderated by the Governor's Representative, spokesmen from each small group present their group's conclusions. If time permits, questions from the floor are encouraged.

WRAP-UP

A brief summary of the findings of the workshop is now presented with emphasis on the need for cooperative action among agencies. The speech also points out the usefulness of individual agency actions. The resources of the Governor's Representative's office and the National Highway Traffic Safety Administration are explained. Participants are thanked and asked to fill out a brief post-workshop evaluation form.

GOVERNOR'S REPRESENTATIVE AND CHAIRMAN WORKSHOP MATERIALS

PREFACE

Each element of the workshop is preceded by a brief capsule description. Following each capsule description are all the actual materials the Governor's Representative and the Chairman will need for that activity -- speeches, instructions, and forms (except for multiple copies of forms and audiovisual materials). The speeches and instructions for the Group Moderators are also included so that the Governor's Representative and the Chairman can always be aware of exactly what should be taking place during the workshop even when they are not the persons responsible for directing a particular activity.

SCHEDULE

8:30 - 9:00	REGISTRATION
9:00 - 9:30	INTRODUCTIONS BY GOVERNOR'S REPRESENTATIVE AND CHAIRMAN
9:30 - 10:00	ACTIVITY #1: INTRODUCTORY EXERCISE
10:00 - 10:15	COFFEE BREAK
10:15 - 11:15	ACTIVITY #2: NATURE AND SCOPE OF THE PROBLEM
11:15 - 12:00	ACTIVITY #3: FILM: LADIES AND GENTLEMEN OF THE JURY
12:00 - 1:00	LUNCH
1:00 - 3:00	ACTIVITY #4: TEAM APPROACH TO SOLVING THE PROBLEM
3:00 - 3:15	COFFEE BREAK
3:15 - 3:45	ACTIVITY #5: CURRENT APPROACHES PRESENTATION
3:45 - 5:00	ACTIVITY #6: SMALL GROUP DISCUSSIONS OF DRINKER-DRIVER TREATMENT MODALITIES

8:30 - 9:00: REGISTRATION

CAPSULE DESCRIPTION

Registration takes place between 8:30 a.m. and 9:00 a.m. If possible, two assistants should supervise the Registration Desk. Participants fill in and immediately return the initial evaluation form. Participants also pick up their packets of information at this time.

ALCOHOL-TRAFFIC SAFETY PRE-WORKSHOP EVALUATION FORM

Purpose of this form: This form is designed to assist those of us who are conducting this workshop to determine how useful it is for you and to help us to improve the workshop for future use. Therefore, we are asking you to fill out this form before the workshop and will ask you to fill out a similar form at its end.

Instructions: There are no right or wrong answers in this evaluation. Please do not put your name on the form. Try to answer all the questions but leave blank any questions you feel you cannot answer. Thank you.

Questionnaire:

1. Do you feel that the problem of alcohol-related traffic accidents is a serious one?
   ____not very serious
   ____serious
   ____very serious

2. Do you feel that a concerted effort in this country could help solve this problem?
   ____not much help at all
   ____help some
   ____help a lot

3. Do you feel that the problem is worthy of a major effort to find a solution?
   ____definitely not
   ____probably not
   ____probably
   ____definitely

4. If you answered Question #3 as "probably" or "definitely," whom would you involve in this effort? (check any or all)
   ____police
   ____prosecutors
   ____judges
   ____alcoholism treatment and rehabilitation professionals
   ____local government officials
   ____state legislators
   ____department of motor vehicles officials
   ____the general public
   ____others (specify)________________________________

5. Do you feel that rehabilitation and treatment agencies alone (without additional resources) could make any significant contribution to the solution of the problem?

    ____yes

    ____no

6. Do you feel that what rehabilitation and treatment agencies could accomplish with their present resources would be worth the necessary redistribution of effort?

    ____yes

    ____no

7. Do you feel that it would be worth the redirected effort for rehabilitation and treatment agencies to try to influence other actors (those you checked in Question #4) to work together on this problem?

    ____yes

    ____no

8. Do you feel that any direct action on your part as an individual could help to solve the problem?

    ____yes

    ____no

9. If yes, do you feel that helping to solve the problem would be worth the redirection of your personal efforts?

    ____yes

    ____no

10. Do you feel it would be worth your effort to try to influence either colleagues or the general public to increase their efforts to solve this problem?

    ____yes

    ____no

PACKET OF INFORMATION

Instructions for compiling the packet of information for participants is explained in Appendix C2, pages III-75 - 78.

9:00 - 9:30: INTRODUCTIONS

CAPSULE DESCRIPTION

The Governor's Representative opens the workshop promptly at 9:00 a.m. with an introductory speech. He then introduces the Chairman who in turn makes an introductory speech that explains the team approach to dealing with the drinker-driver. Both speeches should end before 9:30 a.m.

INTRODUCTION BY GOVERNOR'S REPRESENTATIVE

I want to welcome you to the Alcoholism Rehabilitation and Treatment Professionals Alcohol-Traffic Safety Workshop. My name is ________________________ and I am the Governor's Highway Safety Representative.

This workshop is one in a series on the alcohol-traffic safety problem. Other workshops (insert "have and" if appropriate) will be held for judges, for law enforcement officers and for state and local officials with responsibility for coping with the driver who drinks excessively.

Similar workshops have been and will be held in other states as part of a national, state and local effort to do something about the intolerable number of people injured and killed on our highways every day due to abuse of alcohol by automobile drivers. Alcoholism professionals clearly have an important role in coping with this problem. However, they alone cannot be expected to solve it, and that is why we are conducting workshops for every significant group that has a part to play in reducing the number of alcohol-related traffic accidents.

Before I turn over the formal opening of this conference to the Chairman, I want to say a few brief words about our plans for these two days. You have been invited to attend this workshop to learn more about the nature and the magnitude of the drinking-driving problem; to become familiar with some of the more effective methods being used to cope with this problem in ________(name of state) and in other states across the nation; and to become motivated to share with each other your own thoughts about how to cope with the driver whose driving ability has been impaired by alcohol abuse. We hope you will be able to at least outline some actions you can take cooperatively after you leave the workshop that will help reduce the number of alcohol-related crashes on our highways.

Present today are representatives from many alcoholism rehabilitation and treatment agencies throughout the state. Some of you may share similar opinions and thoughts about the problem, and some of you may differ.

You should understand, however, that we are not here to teach you but rather to enable you to share and elaborate with each other ideas about dealing with the drinker-driver. Some of the parts of this workshop will involve our providing you with information; this information is intended to establish a common base of knowledge so that you can work well together. But we cannot pretend that either we, or the "experts" can provide you with a solution to the drinking-driver problem. The solution must come from you and from others with responsibility in alcohol-highway traffic safety who deal with the problem first-hand.

I now want to introduce the Chairman. He is a man with whose work most of you are familiar. (Governor's Representative inserts several sentences here about the Chairman's qualifications and background.)

____

____

____

____

____

____

Mr. ________________(Governor's Representative inserts name of Chairman.)

INTRODUCTION BY CHAIRMAN

Thank you, _________(insert name of Governor's Representative). (Ladies and) Gentlemen. Let me join with ______________ (insert name of Governor's Representative) in welcoming you to what I know will be a day of informative and productive work. I want to stress right from the beginning that we will be working -- working in the sense that we will be very busy and active, we will be tackling and trying to come up with some solutions to very tough problems, and we will accomplish things that will be of practical use to us in our official capacities.

As you know, we will be dealing with a problem of massive importance to the safety of our communities, state, and country -- the problem of the drunk or impaired driver.

Several agencies in our state share responsibility for coping with this problem. The courts, including judges, prosecutors, and probation officers, play a central role. Treatment and rehabilitation agencies are vitally important to rehabilitate problem drinker-drivers. The Department (substitute "Registry" if appropriate) of Motor Vehicles also plays an important part. So does the legislature, by virtue of the laws it passes or fails to pass and through the funds it makes or fails to make available for coping with the drinking-driver problem. The responsibility of the police lies in the manner in which they enforce the laws. Finally, public information and education programs are essential to inform the public about the extent and dangers of driving while impaired.

In short, you as alcoholism rehabilitation and treatment professionals have a responsibility to cope with the drinking-driver phenomenon. However, we do not expect you alone to shoulder the entire burden for solving the drinking-driver problem. As __________ (insert name of Governor's Representative) has already indicated, this conference is only one of many that (insert "have been and" if appropriate) will be held involving court personnel, law enforcement officials and other state and local officials. In this way, we plan to involve all the groups at every administrative level who are in a position to make a significant impact on the drinking-driver problem. So what may seem to you as an isolated effort here today is in fact part of a state-wide, interdisciplinary effort. Our objective is to have all of these groups -- yours and the others -- moving in complementary ways to solve the problem. You are not being singled out in this effort as the only group responsible for helping to solve the problem; rather, you are being singled out as constituting one of the many key groups who share the responsibility.

What we ultimately are seeking to achieve is the smooth functioning of all these key groups so that they work together cooperatively in a team approach to solving the drinking-driver problem. What are these other groups and what is a team approach to solving problems? Let us take a few minutes to answer these two questions.

Six key groups share responsibility for coping with the drinker-driver: law enforcement agencies, the judiciary, licensing agencies like the Department of Motor Vehicles, treatment and rehabilitation agencies, public information education agencies, and the state legislature.

Clearly, all these agencies or functions must work together smoothly and in unison if they are to be effective. This is the essence of a team approach to solving a problem: getting all the agencies and functions with responsibilities for coping with the drinker-driver *to coordinate their efforts and cooperate on a systematic basis, step by step, so that duplication of effort, inconsistency of effort, and contradictory efforts do not occur*.

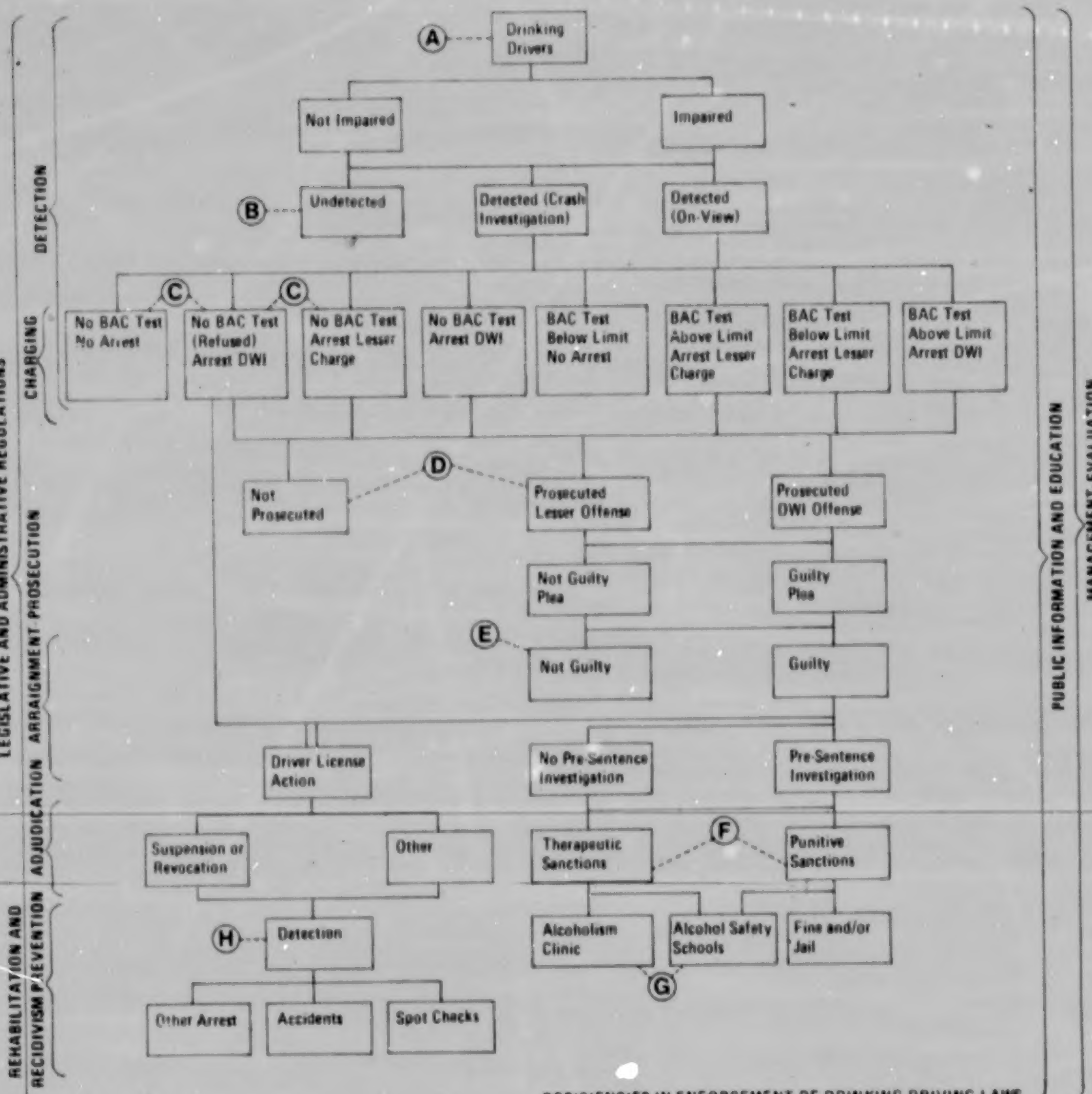
Perhaps the best analogy to a team approach to solving problems is a football game. The objective for the offensive team is obvious: to score as many touchdowns as possible. Accomplishing this objective requires the smooth coordination of efforts among several key persons and types of persons, each of whom has a different task to perform, each of whom must be aware of what each other is going to be doing, and each of whom must be successful at what he is doing if a touchdown is to be scored. As a crude example, the blockers must, on a running play, know which way to block the opposing players; the pass receivers must act as successful decoys to clear out the field; the quarterback must call the signals, successfully decoy the opposition, and hand off to the running back; and the running back must hustle through the opening created by the blocking and then follow his other blockers. All these functions -- decoying, blocking, and running -- must be performed in a coordinated, effective fashion if a touchdown is to be scored. Similarly, each of the six functions with responsibility for solving the alcohol-traffic safety problem must coordinate their efforts if the drinker-driver is to be kept off the road.

Realizing that there are many other organizations and agencies that have a responsibility for alcohol-traffic safety, such as Governors and their staffs, let us briefly run through the list of these six agencies or functions and note what their responsibilities are and, in particular, observe how their responsibilities are related to each other and must therefore be coordinated to be effective. Open your folder and take out the article entitled "Section IV: System Deficiencies and Recommended Corrective Countermeasures."

Turn to the fifth page of this article where you will find a chart illustrating the system functions needed for handling drinker-drivers. This chart illustrates the role all six of the functions play and how their roles are related to each other. (See following page for a copy of this chart.) We start first with the drinker-driver and the law enforcement function. (The speaker now briefly points out how each of the tasks are related by following the flow of actions illustrated in the chart. He should point out that two functions, legislative regulations and public information education, do not show up in any single box in the chart because they are involved with every step in the process of handling drinker-drivers. Consequently they are indicated in brackets on the left- and right-hand margins of the page. The chart is geared toward revealing the deficiencies in the system but can be used very effectively for simply illustrating the interrelationships between the various elements of the system.)

This slide, (Flash Slide #1) which duplicates the chart in your handout materials, is a graphic representation of the alcohol-traffic safety

SYSTEM FUNCTIONS FOR HANDLING DRINKING DRIVERS


LEGISLATIVE AND ADMINISTRATIVE REGULATIONS
DETECTION
CHARGING
ARRAIGNMENT PROSECUTION
ADJUDICATION
REHABILITATION AND RECIDIVISM PREVENTION
PUBLIC INFORMATION AND EDUCATION
MANAGEMENT-EVALUATION
A
Drinking Drivers
Not Impaired
Impaired
B
Undetected
Detected (Crash Investigation)
Detected (On-View)
C
C
No BAC Test No Arrest
No BAC Test (Refused) Arrest DWI
No BAC Test Arrest Lesser Charge
No BAC Test Arrest DWI
BAC Test Below Limit No Arrest
BAC Test Above Limit Arrest Lesser Charge
BAC Test Below Limit Arrest Lesser Charge
BAC Test Above Limit Arrest DWI
D
Not Prosecuted
Prosecuted Lesser Offense
Prosecuted DWI Offense
Not Guilty Plea
Guilty Plea
E
Not Guilty
Guilty
Driver License Action
No Pre-Sentence Investigation
Pre-Sentence Investigation
Suspension or Revocation
Other
F
Therapeutic Sanctions
Punitive Sanctions
H
Detection
Alcoholism Clinic
Alcohol Safety Schools
Fine and/or Jail
G
Other Arrest
Accidents
Spot Checks

DEFICIENCIES IN ENFORCEMENT OF DRINKING DRIVING LAWS

Ⓐ-----Lack of Knowledge regarding Drinking and Driving
Ⓑ-Inadequate Detection of Drinking Drivers
Ⓒ-----Insufficient Chemical Testing
Ⓓ-Failure to Prosecute DWI Drivers
Ⓔ-----Failure to Convict DWI Drivers
Ⓕ-Insufficient Penalities for DWI
Ⓖ-----Inadequate Treatment for Problem Drinkers
Ⓗ-Lax Enforcement of Driving Suspensions

system in operation. With few exceptions, everything that can happen in an individual's interaction with the various agencies that deal with the drinker-driver is represented here by a line running through a series of one or more boxes. A drinker-driver can be thought to start at the top of the chart and go through a series of processes represented by boxes. The use of lines to represent this series of paths enables us to indicate only potential @COMBINATIONS, SO THAT A PERSON WHO HAS NOT BEEN APPREHENDED CANNOT BE PROSECUTED, A PERSON WHO IS SENTENCED MUST FIRST HAVE BEEN CONVICTED, ETC. For instance, a person who is arrested, given a BAC, convicted, and entered into an alcoholism clinic would follow this path. (Show path with pointer.)

Drinker-Driver

Impaired

Detected (say, on-view)

BAC test above limit - Arrest DWI

Guilty Plea

Guilty

Pre-Sentence Investigation

Therapeutic Sanctions

Alcoholism Clinic

Are there any questions about the way the chart works? (If there are, repeat using another example.)

Now, let's examine what the chart says. We will omit some of the less common paths; these can be examined later, if you wish. The processes on the chart are categorized into five stages. (slide #2) First the offender must be detected, then charged, then he is arraigned and prosecuted. Following that, the case is adjudicated, after which sanctions are imposed, whose purposes are rehabilitation and recidivism prevention. The bands along the side refer to means by which one can effect changes in each of the stages.

Let us examine each of those levels briefly:

Detection: (slide #3) The drinker-driver may be either impaired or not impaired. In either case, he may be detected; if he is not impaired, detection will probably occur through some other action on-view. If the driver is detected, he is stopped and probably asked to take a BAC test. He has the choice of refusing.

Charging: (slide #4) The driver can be released, he can be charged with a lesser charge, or he can be charged with DWI. All of these options are open whether he took a BAC test or not. The automatic suspension of license following refusal is noted below, under adjudication.

Arraignment and Prosecution: (slide #5) If charged with either DWI or a lesser charge, he can plead either guilty or not guilty.

Adjudication: He can be found guilty or not guilty of either the DWI charge or the lesser charge. If he is found guilty of DWI, there is a license action; there may also be a pre-sentence investigation.

Rehabilitation and Recidivism Prevention: (slide #6) On the left are the license actions. License action and other sanctions can be applied simultaneously. Following license action, there must be some mechanism for enforcement which requires detection, either through spot checks, other arrests, or accidents. Meanwhile, the system often includes both therapeutic and punitive sanctions, which also can be applied simultaneously.

So we see that this chart is a useful way of thinking about a complex process: the various steps through which people arrested for DWI pass. It also illustrates graphically how all the involved agencies must coordinate their efforts in a systems approach to solving the drinking-driver problem.

However, even though many of your efforts depend on cooperation and coordination with the legislature, police, courts, DMV, and public information and education agencies, there are many positive actions you can take independently to help solve the problem. Some of you are already engaged in such activities. We expect you to share with each other information about what seems to work best for you, as ____________ (insert name of Governor's Representative) has already mentioned. We will also have some suggestions for you on what you can do independently of what other groups may or may not do.

So there are two ways you should look at what you can do about the problem: You should view your efforts as part of a larger, coordinated effort that is being mounted by all involved groups; and you should view them in terms of what you can do independently of these other groups.

If this is how we hope you will look at your role in helping cope with the drinking-driver phenomenon, how will this conference help you cope? It will help you in at least two ways:

One, it will provide you with the latest information about the nature of the alcohol-traffic safety problem -- how severe the problem is and how alcohol abuse can affect driver and pedestrian safety.

Two, the workshop will help you cope with the drinking-driver problem by clarifying the actions you can take in cooperation with each other to help solve it. We hope to achieve this clarification by encouraging you to share with each other the actions you have already found to be effective and by presenting some of the various interagency procedures around the country that seem to be effective in reducing the number of alcohol-related traffic accidents.

Through these two methods -- your sharing information with each other and our providing you with other ideas -- we hope you will leave at the end of the conference with some new and specifically coordinated plans of action to put into practice. For it is clear that while we alone cannot solve the dilemma of the problem drinker-driver, if we don't play our crucial part, the problem will never be solved.

Before we turn to our first activity, let me give you a quick rundown on such vital matters as location of coffee, water fountains, restrooms, lunch, and other logistical problems. With the exception of lunch, feel free to take advantage of these facilities as often as you like.

(The Governor's Representative, when he knows what facilities will be available, fills in this section indicating the availability of these items and their locations.)

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And now I'll turn the meeting back to ____________________(insert name of Governor's Representative), and he will introduce the first activity.

9:30 - 10:00: INTRODUCTORY EXERCISE

CAPSULE DESCRIPTION

The workshop divides into small groups led by the Group Moderators. Using an Information Inventory Form, the members of each small group jointly answer as many questions as possible during the time allotted. Each person notes on his question sheet his group's responses, as well as any personal comments. None of the answer sheets are handed in, but for the sake of coordination the Group Moderators take written or mental notes of their groups' responses.

GENERAL INSTRUCTIONS FOR GOVERNOR'S REPRESENTATIVE AND GROUP MODERATORS

This exercise involves answering questions on an information survey. Each group jointly answers as many questions as it can in the time allotted. The Group Moderators note their group's answers and facilitate discussion concerning them. They keep the group moving from question to question and prevent spending too much time on any one question. They point out that the answers will not be collected and therefore it is not important to make sure they are all absolutely correct. It is advisable for participants to record their group's answers on their question sheets along with any disagreements or comments they may have. These will be helpful during the discussion period later. Following the next activity, which will provide answers to many of the questions in the Information Inventory, each participant will be provided with an answer sheet and an opportunity to discuss further any of the questions.

This activity serves two purposes. It involves participants in group work. To facilitate this, the Group Moderators should have each member of their group introduce each other briefly at the beginning of the activity. The activity also demonstrates the extent to which participants have (or lack) an understanding of the scope and nature of the problem. The form of the exercise is that of a quiz. However, the Governor's Representative should attempt to remove any feelings of quiz-like pressure.

The Governor's Representative can improve this exercise by adding to it questions about the drinking-driver situation in his state. A form on which to summarize these data is provided in Activity #2.

SAMPLE INTRODUCTORY SPEECH BY GOVERNOR'S REPRESENTATIVE

For our first exercise, I would like to ask you to divide into small groups. Your name tags indicate which small group you belong in. (Indicate where each group meets.) Each of you will be given a list of multiple-choice and true-false questions. This is not a quiz. Rather, it is designed to determine what you think the facts are about drinking and driving and to allow you to see what kinds of questions merit further investigation. Together, each group is to come up with as many answers as it can in 20 minutes. You will record your answers on answer sheets. These sheets will not be collected but will serve as the basis for later discussion. While you may know the answers to many of the questions, you may have to make educated guesses about some.

After completing the exercise we will have a coffee break and then a presentation that will answer many of the questions raised by the exercise. After that, we will distribute answer sheets which will provide the basis for an open discussion. Therefore, each of you will probably want to note on your question sheet your group's responses and any additional comments you would like to make.

LIST OF QUESTIONS FOR ACTIVITY #1: INFORMATION INVENTORY

1) What is the Blood Alcohol Concentration (BAC) level presumptive of legal intoxication in this state?

   a) .05%
   b) .08%
   c) .10%
   d) .15%
   e) .20%

2) Approximately how many drinks (one-ounce shot of 86 proof whiskey, twelve-ounce can of beer, or four-ounce glass of wine) would a 175-pound man have to consume to reach this BAC? Assume that he drinks them within an hour's time and that he has not eaten for at least three hours.

   a) three
   b) six
   c) nine

3) Which of the methods listed below effectively sober up a person so that he will be able to drive safely? (circle one or more)

   a) black coffee
   b) waiting as long as is necessary
   c) cold shower (or a dip in a swimming pool, lake, etc)
   d) hot shower, steam bath, sauna
   e) a shock (like an auto accident, or near miss)
   f) exercise
   g) fresh air
   h) none of the above

4) True or false: One or two drinks of alcohol sharpen your driving skills.

5) When a 175-pound man has had nine standard drinks on an empty stomach two hours before driving, what do you think his chances are of being involved in an accident?

a) 2 times greater than when he is sober
b) 5 times greater than when he is sober
c) 25 times greater than when he is sober

6) In most states, what proportion of the drivers arrested for driving while intoxicated do you think have had a previous arrest for DWI?

a) 1 in 2
b) 1 in 10
c) 1 in 25

7) In most states, what percentage of the drivers arrested for DWI do you think are already known to community service agencies for having other alcohol problems?

a) 10%
b) 50%
c) 80%

8) Approximately how many people were killed last year in traffic accidents in this country?

a) 5,000
b) 25,000
c) 50,000
d) 100,000

9) Approximately what percentage of these deaths involved drinker-drivers or drinking pedestrians?

a) 25%
b) 50%
c) 75%

10) What percentage of those accidents in which blameless drivers were killed were caused by drinking drivers?

a) 15%
b) 45%
c) 75%

11) On the average, people arrested for DWI have Blood Alcohol Concentrations that would result from a 175-pound man drinking how many drinks in an hour?

a) 3
b) 6
c) 10

12) Alcohol is medically considered:

a) a stimulant
b) a depressant
c) both
d) neither

13) In California a study was made of the records of traffic violations of all types. What percentage of people who had had their licenses revoked were caught driving without a license?

a) 15%
b) 35%
c) 65%

14) True or false: In most states, when a person is stopped for a DWI violation, his record is usually checked for previous violations (at least those violations which took place within the state).

15) True or false: In most states alcohol is involved in more run-of-the-mill crashes than in serious crashes.

16) True or false: Alcohol-related crashes typically involve drivers with BACs that are at very high levels rarely found among drivers who do not get into accidents.

17) What proportion of adult pedestrians hit by vehicles are under the influence of alcohol?

- a) 10%
- b) 40%
- c) 80%

18) True or false: Since few alcoholics own cars, they do not contribute significantly to the drinking-driver problem.

19) True or false: Very few convicted drinker-drivers have ever been involved in any crime (such as drunk and disorderly) other than DWI.

20) True or false: Two-and-a-half times as many people are killed in alcohol-related automobile accidents as are killed in willful murders.

21) True or false: Five times as many people are injured in alcohol-related car accidents as are hurt in crimes against persons (muggings, assaults, etc.).

10:15 - 11:15: NATURE AND SCOPE OF THE PROBLEM

CAPSULE DESCRIPTION

In this activity there is a brief slide presentation by the Chairman about the magnitude of the national alcohol-highway traffic safety problem. It is followed by a film, Point Zero Eight, which describes a driving experiment conducted in Canada and shows the effects of alcohol on driving ability. Following the film presentation, the Governor's Representative distributes the Information Inventory Answer Sheet and conducts a brief discussion in which he reviews the answers to the questions participants dealt with in Activity #1.

CHAIRMAN'S SPEECH

Our second activity today is a brief overview of the entire drinking-driver problem. Most of you are familiar with at least some of the facts we are about to present. We want, however, to review them so that we will all have the same basic information necessary to engage in the other workshop activities. Also, you will be able to use much of this information after the workshop to describe to others the nature and extent of the drinking-driver problem.

Almost every American adult drinks sometimes. Almost every American adult drives sometimes. And a large number of adults who do both sometimes drive after drinking. The problem is that a small percentage of these individuals who drive after drinking have been drinking excessively. This percentage, small as it is, is involved in 28,000 automobile deaths each year. (Slide II-1) This means that in two years, the American death toll from impaired and drunk drivers is as high as the total American death toll in the entire Vietnam war. Nearly 70 people are killed every day in alcohol-related accidents, or nearly three people every hour.

Seen from another point of view, each year highway deaths exceed willful murders by a ratio of five to one. Highway fatalities annually are equivalent to the total depopulation of a medium-sized city or large suburb in a natural disaster. In other words, when measured against other forms of disaster such as war, murder, floods, and epidemics, alcohol-related traffic fatalities rank extremely high in the magnitude of the number of people killed. (Governor's Representative inserts local statistics here.)

I have noted that driving after excessive drinking is responsible for many deaths and accidents. But what is excessive drinking?

First, it should be noted that drinking and driving can mix when the drinking is moderate or when enough time elapses between the time a person drinks and the time he drives. The one or two drinks a social drinker may have with dinner are not likely to affect his driving ability significantly. How many drinks will? Please remember that throughout this discussion, and indeed throughout the entire workshop, when we say "a drink," we will mean a one-ounce shot of 86-proof whiskey, a twelve-ounce can of beer, or a four-ounce glass of wine. These are all approximate equivalents in terms of pure alcohol content. (Slide II-2) Drinks served in people's homes, however, are often larger.

Alcohol-traffic safety experts have conducted enough tests to have a fairly good idea of how many drinks impair a person's ability to drive safely. They have determined this number by studying how much alcohol a certain number of drinks leaves in a person's blood stream. The percentage of alcohol in someone's blood stream is called his Blood Alcohol Concentration, or BAC for short. The point is that alcohol affects people only when it enters their blood stream and only when it has reached a certain level in their blood stream.

Only four things can affect the amount of alcohol in a person's blood -- that is, his BAC. (Slide II-3) They include the following:

1. The amount of alcohol he drinks. As previously noted, one beer, one glass of wine and one mixed drink all contain approximately the same amount of pure alcohol. However, certain cocktails (like martinis and manhattans) that combine two types of alcohol contain more pure alcohol than a can of beer or a glass of wine.

2. Whether the person has eaten before drinking. If he has eaten, the food will slow down the passage of the alcohol into the small intestine and the blood stream.

3. How much a person weighs. Very simply, the more someone weighs, the more blood he has. And the more blood a person has, the more he must drink to reach the same BAC level as someone who has less blood -- that is, who weighs less.

4. How long the person waits. The longer a drinker waits before driving, the more time his liver has to convert the alcohol into carbon dioxide, which is breathed out, and into water, which passes out as urine.

Nothing else affects a person's BAC. Cold showers, drinking hot coffee, and a host of other so-called "cures" for intoxication are all myths. They don't do a thing to affect the amount of alcohol in a person's blood stream or to modify the alcohol's effects on his behavior.

So, to get back to our original question: How many drinks impair an operater's ability to drive a car safely? (Slide II-4) According to the law in most states, a BAC of .10 or higher is presumptive evidence of intoxication. For a 175-pound person to achieve a BAC of .10, he has to have had 5-1/2 drinks in one hour, or six drinks in a two-hour period. This is the case if he has not eaten in three hours; if he has eaten, it will require more alcohol for him to reach that BAC level.

You all have a BAC chart in your folder of materials. (Slide II-5) Take out your chart and compute, on the basis of your own weight, how many drinks you would have to take before you reached a BAC of .10 and were presumed to be legally drunk. Do this by setting the dial in the window at the bottom to .10 at the one-hour mark.

(Pause while they do this; explain further if necessary, using slide. Keep in mind that the BAC chart in the slides may be slightly different from the ones you have been able to obtain and distribute to participants.) Now look across the line that says "Weight in Pounds" until you arrive at your weight. (Pause again.) Then read the figure in the "Number of Drinks" column right underneath your weight. This is the number of drinks you would have to take to be considered legally intoxicated in this state. (Speaker will have to revise this description accordingly if the state law defines .15 or .08 as the BAC level presumptive of legal intoxication.) Now you can reverse this procedure. (Slide II-6) Turn the dial until "three drinks" appears right above your body weight. Then look down at the window and determine, according to each half hour of time that passes, what your BAC would be. (Pause while they do this.)

Now let's relate this information about how many drinks you must have drunk to be considered legally intoxicated to the drinking-driver problem. One study indicated that more than half of the people arrested for driving while intoxicated have BACs of over .20.[1] In our example of a 175-pound person who has not eaten recently, it would take ten drinks in an hour to reach a BAC level of .20. In the same study, over 97% of DWI arrests involved people with BACs over .15. (Slide II-7) At a BAC level of .15, a person is 25 times more likely to have a car accident than if he were sober.[2] In comparison, the same person, having three drinks and a BAC level of .06, is only about twice as likely to have an accident than if he or she were sober.[3] Having any more than 1-1/2 drinks within an hour of driving will affect a person somewhat, but the degree to which he will be affected varies greatly.

Who are the problem drinker-drivers? By and large they are not social drinkers. True, the social drinker sometimes gets really drunk and then drives. Sometimes he kills people, but generally speaking the social drinker does not drive at BAC levels comparable to those of people arrested for DWI. (Slide II-8) What careful studies have shown is that more than two-thirds of alcohol-related fatalities involve so-called problem drinkers. That represents over 18,000 deaths each year. So who are these problem drinkers?

Generally, they are people whose drinking in some way creates a problem, financial, emotional, or social — such as driving when drunk. Problem drinkers are sometimes alcoholics. Most people think that a true alcoholic is always too drunk to drive and too poor to gain access to a car. This is true of skid row alcoholics, but only 5% of all alcoholics are derelicts. Most alcoholics live in homes or apartments and manage to drive, often regularly. A person can be dangerously drunk and still manage to get a car moving, as you well know.

Problem drinkers are also those drinkers who, while not necessarily alcoholics, do drink to excess at times, causing problems for themselves, their families and sometimes for the public.

It is these alcoholics and other problem drinker-drivers who are responsible for most alcohol-related accidents. (Slide II-9) For example, one study revealed that 80% of those arrested for DWI had histories of drinking problems, 60% had more than one previous alcohol-related arrest, and 35% had more than four.[4] Most drivers arrested for DWI are not social drinkers who happened to have "one too many"; they are drinkers who regularly or frequently get drunk - and then drive afterwards.

It is primarily these alcholic and problem drinker-drivers that we need to get off the road, not just the immoderate social drinker. We plan to discuss methods for accomplishing this during the workshop.

(The Governor's Representative should now introduce statistics about his particular state's drinking-driver problems and indicate how they corroborate the national statistics or, if they do not replicate them, discuss why a discrepancy exists.)

Clearly this is a problem for several agencies - namely, those referred to earlier by the Governor's Representative. We will be discussing the function of all these agencies and parts of the system: the courts, the police, the legislature, rehabilitation-treatment and public information and education agencies, and the motor vehicles department.

I will expand on two of these functions at this time because they have too often been neglected by people who deal with the drinking-driver problem. These functions are the rehabilitation-treatment and the public information and education functions.

Problem drinking is increasingly coming to be recognized as a disease, rather than as a crime or a sin. Research is constantly being conducted to discover its causes and cures. To date there is little agreement among the authorities about what causes problem drinking and even less agreement about how to treat it. However, there are indications that problem drinkers can often be helped through treatment programs that may use counseling, psychotherapy, drugs, group support (such as Alcoholics Anonymous), or some combination of these. It is important not to view the alcoholic and the problem drinker-driver as incapable of changing. Given the right treatment, many can be significantly helped to avoid abusive drinking.

What this means in terms of the drinking-driver problem is that we must draw rehabilitation-treatment agencies into the overall effort to cope with the problem.

Public information and education campaigns must also be built into the overall effort. The public is ignorant about the severity of the problem, often believes that we are "out to get" the social drinker, and frequently feels that not much can be done about the problem anyway. All of us must take action to dispel this lack of understanding. At least twice during the workshop we will return to this central theme of educating the public to the necessity of taking effective action to reduce the number of alcohol-related accidents on our highways.

We are now going to view a film that graphically illustrates the relationship between drinking levels, BAC, and impaired driving ability. In the film actual driving tests are conducted in which skilled racing drivers take driving skill tests when sober. They then drink varying amounts of alcohol and try to perform the same driving skill tests again. You should know that this film was produced in Ontario, Canada where the BAC level presumptive of legal intoxication is .08. After the movie, we will have a few moments to answer questions you may have about the effects of drinking on a person's driving ability.

SHOW FILM, POINT ZERO EIGHT

(During film, pass out Information Inventory answer sheets.)

As you could clearly see, even relatively small amounts of alcohol and low levels of BAC can affect a driver's ability to drive carefully. We have time now for a few questions about the effects of drinking on driving. Are there any questions? (Answer questions that may be posed only if they relate to the effects of drinking on driving. Tell participants to hold questions on other topics because they will be answered by other activities in the workshop.)

FOOTNOTES

1. Shupe, L.M. and Pfau, R.O.: "Who Are These Drinking Drivers?" Proceedings of the Fourth International Conference on Alcohol and Traffic Safety, December 6-10, 1965, Indiana University, Bloomington, 1966, pp. 62-82.

Waller, J.A.: "Drinking Drivers and Driving Drinkers - the Need for Multiple Approaches to Accidents Involving Alcohol," in Selzer, M.L., Gikas, P.W. and Huelke, D.F. (eds): The Prevention of Highway Injury; Highway Safety Research Institute, University of Michigan, Ann Arbor, 1967, pp. 30-37.

Hyman, M.: "The Social Characteristics of Persons Apprehended for Driving While Intoxicated," presented at the 95th Annual Meeting, American Public Health Association, Miami Beach, Florida, October 26, 1967.

2. Borkenstein, R.F., Crowther, R.F., Shumate, R.P., Ziel, W.B., and Zylman, R.: The Role of the Drinking Driver in Traffic Accidents, Department of Police Administration, Indiana Unversity, Bloomington, Indiana, March 9, 1964.

3. Ibid.

4. Waller J.A.: "Identification of Problem Drinking Among Drunken Drivers," Journal of the American Medical Association, 200 : 114-120, April 10, 1967.

NOTE: All studies quoted in Manual are summarized in the Department of Transportation 1968 Alcohol and Highway Safety Report to @Congress.

DISCUSSION GUIDE FOR DRINKING-DRIVING INFORMATION SURVEY

1. In most states, it is now .10. In two states, and in Canada and in Great Britain, it is .08. In some European countries, including Sweden and Poland, it is .05. Some of the responses may indicate a level of .15 which was the previous level presumptive of intoxication in many states, some of which have only recently changed theirs.

The BAC is measured in three ways: blood test, breath test, and urine test. If the actual amount of alcohol present in the blood is calculated it is a great deal less than the amount consumed. For instance, .05% is less than one-twelfth of an ounce of alcohol in the blood. This is because most of the alcohol does not remain in the bloodstream but is breathed out as carbon dioxide and discharged in urine.

2. The correct answer is (b), 6. According to the formula we have used, a 175-pound man would require five-and-a-half standard drinks within an hour to reach a BAC of .10. If he has eaten during the past three hours, he would require even more alcohol to reach that level. It should be noted that in most homes, the average drink contains considerably more than one ounce of alcohol. Mixed drinks involving two or more types of alcoholic beverages have even higher amounts of alcohol. Similarly, fortified wines, such as sherry and muscatel, have greater amounts of alcohol than indicated in the answer to the question.

3. The correct answer is (b). Only time can increase sobriety, at a rate of about one hour for each standard drink. Since alcohol is principally metabolized in the liver, even exercise, which usually increases metabolism, does not help. How a person feels is not an indication of how drunk he is; many drunks will strenuously deny that they are drunk. And while such things as a shock or a cold shower may enable a person to appear and feel sober, his driving (and other) capabilities are still seriously impaired.

4. False. This is a common belief, but it is untrue. In most cases, a drink or two will have no serious effect on driving ability. However, even at low BAC levels (.02 - .05) such tests as visual tests, car positioning tests, coordination tests, and comprehension tests have indicated the possibility of definite impairment in driving situations. These reactions were noted at low BAC levels of .02 and were sometimes pronounced at .05. Those who drove best at the .02 -.05 level were habitual drinkers, but all drivers tested performed equally poorly at the .10 level. Remember also that in these tests those who performed best at low BAC levels were the least likely to remain at those levels in a non-laboratory situation. There is no statistical evidence correlating low BACs (.05) with crashes, largely because crash victims are rarely tested for BACs unless they appear seriously impaired.

5. The correct answer is (c), 25. The Chairman should point out that this is an example of a "guessing" question for which none of the participants is expected to know the correct answer. The statistic is from a study by Borkenstein, et al., "The Role of the Drinking Driver in Traffic Accidents," reported in the Department of Transportation 1968 Alcohol and Highway Safety Report. The graph indicates that, for all crashes, probability is double at .06. The probability of being in a single-vehicle crash is always higher -- twelve times higher at .10.

6. The actual percentage in a 1965 Oakland, California study was 45%, or nearly 1 in 2. The study is cited in the Department of Transportation 1968 Report, as are most other findings in this survey. Among people with no crashes and no citations, only 2% had been arrested for DWI. Among those with run-of-the-mill violations, only 9% had DWI records.

7. The correct answer is (c), 80%. This is a finding from the same Oakland study. While other studies, conducted where the social service agencies might not be as effective, may show a lower percentage, the Oakland findings effectively demonstrate that the typical person arrested for DWI is not an average member of the driving public. The percentage for run-of-the-mill violations was 30% and that for no crashes or violations was 10%.

8. The correct answer is (c), 50,000, although the actual figure is over 56,000 and rising each year. Driving is becoming safer in terms of deaths per miles driven, but because people are on the average driving more than in the past the chances of an individual being killed are still about the same. The rise in the total number of deaths reveals that not only do more people drive, but they drive further than before.

9. Nearly 50% of highway fatalities occur in alcohol-related crashes. Usually alcohol is implicated only in cases where the driver's BAC exceeded .05. In one series of studies, between 39% and 50% of the drivers killed in all auto crashes had BACs in excess of .10, and between 29% and 37% had BACs above .15. In other words, traffic fatalities are not related merely to drinking but to drinking in large amounts.

10. The actual figure is 44%, so the correct response is (b). The study was conducted by the Dade County, Florida, Coroner's Office, and the finding was noted in the 1968 Report. Another researcher concluded, "The drinking driver ran into others four times as often as he was run into. The proportion of rammers among the drinking drivers was significantly greater than the proportion among the non-drinking drivers...."

11. In several studies the average BAC for people arrested for DWI was between .17 and .20. For a 175-pound man this would require 10 standard drinks, so the correct answer is (c).

12. Chemically and medically, alcohol is considered a depressant. That is, it progressively lowers the activity of the brain. Many people incorrectly consider it a stimulant because one of the first areas of the brain to come under its influence, and therefore to be depressed, is the area controlling inhibitions. A reduction of these inhibitions often creates a euphoria which is misinterpreted as stimulation.

13. The correct answer is (c), 65%. Among those who merely had their licenses suspended, the fraction was only one in three. It is possible that, feeling they have little else to lose, drivers who have had their licenses revoked are still more likely to continue to drive. It is probable that drivers who have had their licenses revoked have attitudes and behavior patterns more consistent with violating traffic laws than are the attitudes of those drivers with suspended licenses.

14. False. One study indicated that the record of a person committing a violation is examined in perhaps as few as one out of eighty cases. This figure, of course, varies greatly from state to state. The problem is that record-keeping facilities are not readily available and accessible to those involved in processing the violation. In addition, almost no facilities are available for checking on the records of another state, at least not on a regular basis.

15. False. There is a direct relationship between the severity of an accident and the likelihood alcohol was involved. In one study mentioned in the 1968 Report, 83% of the drivers involved in run-of-the-mill crashes had not been drinking at all, and only 6% had BACs above .10.

16. True. About half of the drivers killed in crashes had BACs above .10. About one-fourth of those seriously injured had BACs above .10. Among random drivers tested at the time and place of fatal crashes, about 2% had BACs in these ranges.

17. The correct answer is (b). In one series of studies quoted in the 1968 Report, 33%-43% of fatally injured pedestrians had BACs above .10. Among pedestrians in the same place at the same time, about 9% had concentrations at that level. The fact that such a high proportion of all pedestrians had such high BACs indicates that many of these accidents occur outside bars or in areas with many bars nearby.

18. False. Derelicts do not, as a rule, own cars, but they account for fewer than 10% of all the alcoholics in the country. One study in the 1968 Report indicated that 60% of drinker-drivers judged to be responsible for fatal crashes were alcoholics.

19. False. In the Oakland study those arrested for DWI had an average of about 1.8 non-alcohol-related arrests, in addition to about 4.6 alcohol-related arrests (including DWI).

20. True

21. True

ACTIVITY #2

INSTRUCTIONS TO GOVERNOR'S REPRESENTATIVE ABOUT THE INVENTORY ANSWER SHEET

Because you will develop some additional questions and because some answers (those, for example, about presumptive BAC levels) will vary from state to state, you may have to rewrite this answer sheet. The complete answer sheet should be distributed during the showing of Zero Point Eight. This will eliminate some questions about straightforward facts and allow you to concentrate on the implications of these facts. In addition, the Inventory and the answer sheet may serve as a useful tool for participants for educating their colleagues or the general public.

SAMPLE ANSWER SHEET

The following answers are correct for a state with a BAC of .10 presumptive of intoxication:

1. c
2. b
3. b
4. false
5. c
6. a
7. c
8. c
9. b
10. b
11. c
12. b
13. c
14. false
15. false
16. true
17. b
18. false
19. false
20. true
21. true

ACTIVITY #2

LOCAL INFORMATION SUMMARY

These forms provide a basis for summarizing the drinking-driver situation in your local area. They may be modified to include additional information or to eliminate information that is either unavailable or unnecessary. Where local data are not available, use state data. The completed forms should be handed out at the same time as the Information Inventory answer sheets. A few questions at the beginning of the Information Inventory should deal with the situation in your area, and one question should definitely deal with the alcohol-related crash fatality rate. In addition, these same facts should be used in the speech dealing with the nature and magnitude of the problem and elsewhere in the workshop where appropriate.

ACTIVITY #2

I. THE DRIVING POPULATION

Responding area ______________________________

Year of data	1970	1971	1972
Total number of licensed drivers			
Total number of registered vehicles			

II. ACCIDENT STATISTICS

Total number of crashes

1970	1971	1972

Number of alcohol-related crashes

1970	1971	1972

Number of property-damage accidents

1970	1971	1972

Number of alcohol-related property-damage accidents

1970	1971	1972

Number of personal-injury accidents

1970	1971	1972

Number of alcohol-related personal-injury accidents

1970	1971	1972

Number of people injured

1970	1971	1972

ACTIVITY #2

Number of fatal accidents

1970	1971	1972

Number of people killed

1970	1971	1972

Number of drivers killed

1970	1971	1972

Number of drivers killed In single-car accidents

1970	1971	1972

Total estimated cost of crashes

1970	1971	1972

Number of alcohol-related fatal accidents

1970	1971	1972

Number of people killed who registered some BAC (including drivers, passengers, cyclists and pedestrians)

1970	1971	1972

Number of drivers killed who registered some BAC

1970	1971	1972

Numbers of drivers killed in single-car accidents who registered some BAC

1970	1971	1972

Total estimated cost of alcohol-related crashes

1970	1971	1972

III. DRUNK DRIVING ARREST STATISTICS

Note: DWI, DUIL, DWAI, etc., all refer to "drunk driving."

	1970	1971	1972
Total number of arrests for drunk driving			
Number of people arrested for drunk driving whose BAC was under .10			
Number of people arrested for drunk driving whose BAC was .10 to .14			
Number of people arrested for drunk driving whose BAC was .15 or above			
Number of people arrested for a second drunk-driving offense (or more)			
Number of breath tests given			
Number of breath tests refused			
Number of other chemical tests given Tests used ________________			
Number of accidents resulting in drunk-driving arrests			

11:15 - 12:00: FILM, "LADIES AND GENTLEMEN OF THE JURY"

This film describes the events following a crash by an intoxicated driver. It includes the arrest and trial and testimony on the nature and extent of the problem. While the film has many flaws (most notably its portrayal of the Judge), it does help pose a question to the participants: "If the defendant were convicted, what course of treatment would you recommend for him?" The Governor's Representative introduces the film very briefly, noting its flawed nature, and asks participants to note on a sheet of paper their recommendation. He indicates that this recommendation will be briefly discussed at the beginning of Activity #6.

1:00 - 3:00: TEAM APPROACH

CAPSULE DESCRIPTION

This activity takes place in three parts. After an introduction by the Governor's Representative, participants in small groups discuss the objectives, constraints, and interrelationships among the various actors involved in controlling the drinker-driver by responding to a scenario of a drinking-driver event. (60 minutes) The second part involves presentations of each group's conclusions to the entire workshop. (15 minutes) Finally, representatives of each group meet together in a panel discussion of the issues raised. (30 minutes)

ACTIVITY #4

INSTRUCTIONS TO GOVERNOR'S REPRESENTATIVE

This activity is intended to heighten the rehabilitation and treatment professionals' awareness of influences other than their own which play a part in the overall alcohol-traffic safety countermeasure system. From this expanded point of view, the rehabilitation and treatment professionals then develop a concept of the system as a whole, what role they play in it, and how their role is perceived by the other actors. This will help them in the future to cooperate with other parts of the system.

The following introductory speech, given by the Governor's Representative, explains in detail the nature of the activity.

INTRODUCTORY SPEECH BY GOVERNOR'S REPRESENTATIVE

This is a very exciting activity we are about to engage in. It has three parts. In the first part you will meet for one hour in small groups to discuss your response to a scenario about joint action to solve the drinking-driver problem. We will then regroup and the Group Moderator from each small group will take three minutes to report to the large group his group's recommendations for solving the drinking-driver problem. Finally, the Group Moderators, along with one other member from each group, will form a panel and attempt to resolve the differences among the recommendations each group suggested.

I will now read the scenario, which you can review again when you break into your small groups.

"You are representatives of different organizations of state or local governments operating in one small jurisdiction, such as a county or town. At 9:00 last Tuesday evening, a motorist who had three prior arrests for DWI hit a car driven by a woman taking her three children home from a school play. The woman and two of the children were killed instantly; the third child will be crippled the rest of her life. The driver at fault was also killed. An autopsy indicated that he had a BAC of .23.

"A doctor at the hospital emergency room realized that expensive surgery and therapy would be required for the surviving child and that the family's health insurance did not cover such extraordinary expenses. The doctor therefore contacted a reporter from the local paper who then wrote a moving article about the family, the children, the accident, and the drinker-driver. After the reporter researched the damage caused by drinker-drivers, he became so outraged that he contacted the local TV station. The TV station asked the town Mayor to appear in a panel interview with several reporters to discuss the drinking-driver problem in their community.

"The Mayor in turn contacted local representatives of the state and local governments, all of whom are involved in attempting to solve the drinking-driver problem. He asked ther to describe what they were attempting to do; whether they were successful; if not, what was preventing them from being successful; how they were interacting with other agencies in their efforts; and what actions they recommended to improve the situation."

When you break into your small groups, we want you to respond to this scenario by pretending that you are the representatives of the state and local agencies the Mayor has called on for information. We want Group I to pretend it is the state and local police; Group 2 pretends it is local prosecutors; Group 3 role plays the Department of Motor Vehicles; Group 4 pretends it is the Highway Safety Committee of the State Legislature and the Town Committee; and Group 5 role plays the judges of the local traffic court.

Once in your small groups, reread the scenario with these role play parts in mind and then use the Discussion Sheet provided in your packets to answer the Mayor's questions as if you were these different individuals. Before you break into your small groups, let me discuss briefly each of the four areas in which you are to provide responses to the scenario and then

INSTRUCTIONS TO GROUP MODERATORS

The role of the Group Moderator is very important in this activity.

In guiding your one-hour group discussion, your responsibilities are twofold. First, you will help elicit discussion and channel it along the general topic area specified. Second, you will record the conclusions and recommendations your small group makes. Although you are to help lirit the discussion to the general topic at hand and discourage irrelevant conversation, you should encourage discussion on any specific subject areas relevant to the general topic.

Recording the conclusions is a relatively easy task. The form is explained in the Governor's Representative's instructions to participants.

Eliciting discussion is a more difficult task. Establish rapport within the group. Once the members recognize the objective role of the Moderator, there should be less need for competition, and a feeling of group cohesiveness should evolve. Try to create an image of non-leadership.

Begin by directing a question to one participant. The first topic is objectives, so an obvious first question might be, "Well, as representatives of the courts, what do you think that one of our sub-objectives might be?" When a participant has replied, ask the others to comment on his response. Don't contribute your opinion until a discussion is well under way, unless you find that starting the discussion is difficult. If the first person you talk to doesn't have a specific reply, either go on to another person or rephrase the question.

Once someone has made a comment, try to get others to compare their experiences or opinions, using the same questioning technique if necessary. Encourage participants to direct their comments to each other, not to you.

Once discussion has begun, bear in mind the time limitations. Make the group aware of the tire limit, but don't use it to cut people off unless they are monopolizing the conversation or drifting far off the topic. Allow one hour for the entire discussion. When almost half that time is up, indicate that other questions must be discussed and ask the group to agree on their responses to the first two questions so that their responses can be entered in the first two sections of the response form. Read the information back to the group to be sure it agrees with their responses. Then move on to a discussion of the second half of the form following the same discussion procedure.

When the group discussions are completed, the Governor's Representative will call on you and the other Group Moderators to report in three minutes individually to the assembly the conclusion reached by your cooperation. So describe actions you would take based on his perspective.

Following three-minute presentations by each Group Moderator to the other groups, the Group Moderators along with one other member of each group, will participate in a half-hour panel discussion in which they represent the roles that they have taken in their small groups and attempt to resolve the differences among the representatives of each group. Each group should therefore immediately select who, in addition to the Group Moderator, will represent them on the panel.

The aim of the panel discussion is to develop a coordinated plan for the community to control the drinker-driver. We do not expect that you will necessarily achieve this goal, but each of you should use the panel discussion to point out what your agency can reasonably be expected to do to help others and why. Together, you should work toward a mutual understanding of the problems of other agencies and be willing to work together to overcome these problems in order to help to control the drinker-driver.

Are there any questions? Remember that you can ask questions of the Chairman, the Group Moderator, or me at any time. We will try our best to answer all of your questions. But also remember that we are counting on you to provide ideas, based on your experience with the problem. Now, let's rejoin our small groups.

give you an opportunity to ask questions about the activity if you are confused about your task. Take out this Discussion Sheet from your folders. (Pause while participants do this.)

The objectives of your agency are its goals. We can assume that your primary goal is to eliminate or reduce loss of life, injury, and property resulting from accidents caused by drinker-drivers. For each of you, there will be slightly different subsidiary goals or sub-objectives which indicate *how* your agency can help achieve this primary goal. For instance, the police may feel that one of their sub-objectives is the arrest of all people driving while intoxicated. They may also want to ensure that all drivers without licenses are removed from the road. Undoubtedly you will think of many other sub-objectives too.

A *constraint* is anything that either prevents or hampers you from accomplishing your goals. For instance, a judge may be constrained from passing appropriate sentences on drinker-drivers because of plea-bargaining on the part of the prosecutor. Other constraints might be the lack of manpower, funds, or both.

Interrelationships mean the changes you would like to see made by *other* agencies insofar as other agencies' behavior affects *your* actions. Let's make an important point here. What is your agency willing to do in exchange for new actions taken by other agencies? While "interrelationships" specify recommended actions for *other* agencies, *recommendations* specify suggested actions by *your* agency. Remember that the Mayor is hoping to improve the overall situation by pooling resources and initiating groups. You need only read the result from your response form and explain your reasoning. Upon completion of the presentation of conclusions by the Group Moderators, the Governor's Representative convenes the panel discussion. Instructions for this part of the activity are included at the end of the Governor's Representative's Introductory speech to this activity.

Governor's Representative's Introduction:	15 minutes
Small Group Discussion:	60 minutes
Group Moderators' reports:	15 minutes
Panel Discussion:	30 minutes

DISCUSSION SHEET FOR TEAM APPROACH EXERCISE

Objectives of Your Agency (What you expect to achieve with respect to the drinking-driver problem):

Constraints (Things that prevent you from accomplishing your objectives):

Interrelationships (What you would like other agencies to do in order for you to accomplish easily your objectives):

Recommendations (What you would do, given increased cooperation, to accomplish your objectives and help other agencies to accomplish theirs. This should include concessions to the needs of other agencies in exchange for their cooperation with you.)

3:15 - 3:45: CURRENT APPROACHES PRESENTATION

CAPSULE DESCRIPTION

The Chairman gives a brief presentation on current approaches for coping with alcohol-traffic safety problems. His report has three components:

1) current and recommended methods of cooperation that rehabilitation and treatment agencies can engage in with other agencies;

2) current and recommended methods by which rehabilitation and treatment agencies can cope with drinker-drivers within their clinic operations independently of what other agencies may be doing about the problem; and

3) current actions other agencies are taking and are being encouraged to take to contribute their share to solving the drinking-driver problem.

CURRENT APPROACHES PRESENTATION

In preceding activities the seriousness and magnitude of the drinking-driver problem in this country have been demonstrated. The need is clearly evident for significant postive actions which, to be most effective, must be taken by each of the many agencies that have responsibility for alcohol-highway traffic safety.

In the next few minutes we will discuss some of the actions that have already been taken in some jurisdictions that have proven to be effective in coping with alcohol-traffic safety problems. Of course, you have already mentioned some of these actions. In addition, there are other effective actions that can and have been taken that we will not mention. We feel that the actions we are about to discuss are all valuable ones, and we would like you to give full consideration to implementing them in your own agencies and clinics.

First, let's discuss four of the team countermeasures involving rehabilitation and treatment agencies that have proven successful in helping to cope with problem drinker-drivers.

Countermeasure One. Assist prosecutors and judges in pre-trail and pre-sentence diagnoses of drivers accused of DWI and suggest specific treatment-punitive dispositions. In coping with DWI cases judges and prosecutors often, if not generally, have difficulty diagnosing the case. They are unaware of whether the drinker-driver is a social drinker who had one too many, a mild problem drinker who frequently gets drunk bowling with the guys on Friday nights and then drives home while under the influence, a serious problem drinker who goes on weekend binges twice a month, or an alcoholic. Once they make a diagnosis, prosecutors and judges often do not know what particular disposition would be most effective in rehabilitating the drinker-driver and in preventing him from driving again when impaired. You can help prosecutors and judges to diagnose the case and to select a wise disposition. Much of your assistance lies in simply making prosecutors and judges aware of what rehabilitation facilities are available in the community, something about which most court personnel have only a sketchy familiarity.

How can you make contact with prosecutors and judges? The best way, and often the only way, is to make an appointment with a prosecutor who handles many DWI cases and review with him what assistance you could offer and why it would be of value. Then devise a strategy with him for meeting with one or more judges to inform them of your interest and availability. Some prosecutors and judges may rebuff you; both are very independent types of people not prone to accepting advice from so-called outsiders. Therefore, make it clear that you are not interested in foisting your ideas or opinions on anyone; you simply want to be available as a resource person who can help prosecutors and judges deal with what to them is an extremely vexing and insoluble problem.

Also, keep in mind that this effort today to develop interagency cooperation in coping with the drinking-driver problem is one of a series of workshops which includes a workshop specifically for judges. This overall effort will help make many prosecutors and judges receptive to your offer of assistance.

Countermeasure Two. A second type of interagency cooperation you can consider engaging in also involves the judiciary, specifically, probation officers. If and when DWI cases are referred to rehabilitation-treatment agencies where you work, *develop and maintain a working relationship with the probation officers for each case*. This, too, is not always easy. Many probation officers have very large caseloads (something you are all too familiar with) and are unable to devote much time to individual cases. However, you can persuade them that their DWI cases are very important because these are cases they will see again and again. You can convince them that if they work with you in a joint effort to promote rehabilitation, you will be able, in the long run, to reduce their caseload and yours. Most communication between you and probation officers can be conducted in brief telephone calls that will not unduly impose upon your time or theirs.

Countermeasure Three. Not only can you inform prosecutors, judges, and probation officers of the availability of rehabilitation treatment facilities in your neighborhood, you can also *stimulate your own agencies and institutions to equip themselves to rehabilitate drinker-drivers and to inform the courts about your program*. Many individuals arrested for DWI are not late-stage alcoholics. Rather, they are problem drinkers whose excessive drinking can be arrested before it ever progresses to alcoholism. While it is true that some pre-alcoholics and problem drinkers may not be ready to accept rehabilitation until they reach "rock bottom," there are also many pre-alcoholics and problem drinkers whose irresponsible drinking and driving behavior can be arrested and improved before it becomes more serious, at great savings of time, money, and effort. Although many non-motivated problem drinkers will resist rehabilitation efforts, recent studies have indicated that even they are amenable to certain types of treatment.

When you form your own program for problem drinker-drivers, consult with the judiciary and keep them informed about how they can take advantage of your program. You'll both benefit.

Countermeasure Four. A fourth interagency activity you can engage in is educating each of the other elements in the system of alcohol countermeasures about the nature of problem drinking and alcoholism and their relationship to driving ability and accidents. In particular, judges, law enforcement officials and probation officers could benefit significantly from such education.

How can you engage in these educational endeavors? You can do this in several ways.

- You can request invitations to their conferences and workshops to make presentations.
- You can establish a seminar on alcohol and driving within your clinic, arrange for academic credit to be given by a local educational institution, and invite police officers and judges to attend the seminar. Judges have tight schedules, but if you

can interest one judge, he may be able to impress upon others the significance of the course.

- You can print pamphlets or flyers on the problem and, through proper channels, distribute them to police officers and judges.
- You can invite key police officials and judges to lunch, using the opportunity to impress upon them the need for alcohol education among other officers and judges.

Once again, such actions require initiative on your part. But you may be surprised by the receptivity of the response you will get if you _present yourself as a resource person who may be able to reduce judges' work loads and police officers' arrest problems_ by providing them with greater understanding of the nature of problem drinking and with an awareness of the community's facilities for handling such problems.

To summarize: Four major opportunities are open to you to initiate contact with and enter into cooperative arrangements with other groups involved in the struggle to cope with drinker-drivers: (1) work with judges and prosecutors in diagnosing DWI cases and in recommending dispositions; (2) develop and maintain a working relationship with probation officers; (3) stimulate your own agencies to develop programs geared to rehabilitating drinker-drivers; and (4) engage in educational efforts with police, judges, and probation officers on the nature of alcoholism and on the relationship between drinking and driving.

There is one other major way in which rehabilitation and treatment agencies and clinics can work with the judiciary to cope with drinker-drivers, and we want to elaborate on this countermeasure in some detail because it is so important and because we can play such a central role in its development and implementation. Rehabilitation agencies and clinics, as well as a variety of other organizations, from community colleges to the American Automobile Association, are being encouraged to establish, in cooperation with local judicial officials, two types of driver education programs for drivers convicted of DWI. Two types of programs have been developed because both social drinkers and problem drinkers are arrested and convicted of DWI, and these two types of drinker-drivers require different forms of intervention. In addition, much more extensive treatment procedures can be requested by the court for a person exhibiting chronic drinking problems than for a person who appears to be only a sporadic excessive drinker.

The first type of program is sometimes referred to as an alcohol education school. These schools typically consist of eight, two-and-a-half-hour weekly meetings with no more than 20 DWI referrals. Each school is unique, but a representative sample of the types of topics dealt with in these lectures and discussion sessions includes:

Alcohol and Highway Safety

Effects of Alcohol on the Body

Effects of Alcohol on Driving

The Driver

The Drinker, the Problem Drinker, and the Problem Driver

The Drinking Driver and the Law

Where to Go for Help, and

Alternatives to Drinking and Driving

The purpose of these schools is to provide information to social drinkers concerning the drinking-driving relationship and concerning why they were arrested (and convicted) for DWI. It is assumed that, for this group, conviction is also therapeutic as a further deterrent and that information or feedback concerning the nature of the problem will make this deterrent more effective.

Such courses, even when their size is limited to reasonable adult education standards of 15-20 members, are capable of processing more people, more efficiently than any other form of program. In addition, such schools can be made completely independent and self-supporting by incorporation as non-profit organizations and by requiring fees from the court referrals. Financial independence is extremely important from a court-based program point of view. Other characteristics which are essential to make such schools a success include:

- including no more than 15-20 persons per class session;
- providing competent and sensitive instructors; and
- providing at least one face-to-face personal interview during the course of the program.

Many persons are highly motivated to do something about determining the extent of their drinking problem by the end of three or four sessions, but if they are left without an opportunity during a personal interview to make such a determination within the educational program, the new-found motivation quickly subsides.

When run properly, these schools are quite capable of gaining the interest of involuntary audiences and appear to have a considerable amount of rehabilitative potential. At the very least they are extremely useful as a preliminary to group therapy and as a medium within which diagnostics and initial counseling can take place.

The second type of program being developed to rehabilitate DWIs in conjunction with punitive sanctions involves the use of a variety of different types of group meetings for serious problem drinkers, as opposed to education courses for social drinkers who abuse alcohol on occasion. These problem drinker oriented programs typically last six or more months, with frequent sessions involving a dozen or so problem drinkers. Although the most common method used in such programs is called "group therapy," these sessions may consist of a variety of therapeutic approaches such as transactional analysis, assertiveness training, relaxation training, role playing, psychodrama, and goal setting. The common objective of all these group approaches is to provide the problem drinker with an opportunity to assess the extent of his own drinking problem and to motivate him to enter a longer term community program to modify his drinking behavior.

One point that needs to be stressed about integrating both educational and group therapy rehabilitation efforts into the present drinker/driver handling system is that it is not necessary that they be substituted for more traditional sanctions. Not only is there no evidence to support the fact that such rehabilitative measures are more effective in the absence of punitive sanctions, there is some evidence that "tough love" approaches are more motivating to the convicted drinker-driver than are excessively lenient approaches. Furthermore, one finds considerably more official and political support for a program which does not rely solely on rehabilitation "hopes." There are a variety of approaches being tried that combine traditional and rehabilitative sanctions. The only result which appears to be certain in these combinations is that if stern controls and regulations are not maintained for drinker-drivers entering such rehabilitative programs, such drinkers do not remain very long.

It should be clear that these programs will fail right from the beginning unless the judiciary is involved in their design and construction, for these schools and group therapy programs will be able to survive only if judges are willing to assign convicted DWIs to them as a condition of probation, sentencing, or suspended sentences. Other factors will influence both the success of the school or group therapy program and also the particular shape each school or program takes:

- The local judiciary and its acceptance of a rehabilitation philosophy will probably be the main factor determining the extent rehabilitation is used. In other cases, however, the availability of community treatment resources will be the determining factor.

- Judges and other state and local officials may have to agree to donate a portion of DWI fines to the school or program if the latter are to become economically viable.

- Laws in various states will influence the extent to which the court can use its influence to require persons convicted of DWI to enter and remain in rehabilitation programs. Generally, the more flexibility the law allows the court, the more effective judges can be in making referrals to a rehabilitation program.

- Time limitations (backlog) will often determine the extent and quality of the pre-sentence investigation and therefore whether information will be available to the judiciary by which to make a referal decision.

- The mood of the local administrative community can influence the extent to which such programs will be accepted into the "structure" of the drinking driver handling "system" (i.e., will be supported by the system). As a result, while some programs may be fully integrated into the system, others may be set up as fully independent "demonstration" models for the purpose of gaining acceptance in the local administrative structure by demonstrating the effectiveness of their innovative approach.

In conclusion, we must be candid with ourselves. We do not presently have techniques which fulfill our expectations or requirements for demonstrated effectiveness in treating persons over whom we have rather limited control. There are, however, enough bright signs in the alcoholism rehabilitation literature to suggest that truly effective programs can be put together if a great deal of care is exercised by all parties involved. Even now indications are that we can help a reasonable percentage of involuntarily referred social and problem drinkers. However, we will not progress at a very rapid pace until we can learn to conduct our programs in a manner by which they can be evaluated. We must have reasonably prompt and accurate feedback concerning the effectiveness of our efforts. There must be a tedious task of experimenting, evaluating, and building upon observed incremental effects.*

We have been talking about cooperative steps you can take in concert with other agencies that are also concerned with the drinking-driver problem. Briefly, now, we want to outline two major activities in which you can play a role independent of what other agencies or groups do or fail to do about the drinking-driver problem. We want to make it clear, however, that not every rehabilitation agency will be able to implement these new approaches. Local circumstances or financial and manpower constraints may make it difficult for you to apply them. We are aware of this. In view of the enormous magnitude of the drinking-driver problem and your potential for making an impact on it, we ask only that you give serious consideration to implementing whatever new approaches you can.

The first step you can take is to deal directly with drinking-driving problems in your existing rehabilitation and treatment programs, whether they be group therapy programs, Disulfiram treatment, or one of the many forms of behavior modification. For example, encourage group therapy leaders to initiate or at least expand upon drinking and driving references raised by patients. The activity immediately following this one will provide you with an opportunity to explore in detail ways in which you can introduce the drinking-driver problem into the existing therapeutic programs of your institution.

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*The preceding section on alcohol education schools and group therapy programs is largely based on an article by Dr. James L. Nichols, Department of Transportation. He bears no responsibility, however, for the final version.

A second activity you can initiate independently of other groups is educating the public to the magnitude and nature of the alcohol-traffic safety problem. This can include speaking to elementary and secondary school students, addressing civic, charitable, and religious groups, and providing the press with articles and information for publication. These are some objectives you can strive to achieve.

1. Make concern for the problem of alcohol crashes a high priority matter for officials and citizens.

2. Develop public understanding that only a small portion of the population accounts for a major portion of highway fatalities due to alcohol.

3. Disseminate knowledge of modern systematic countermeasures and their use.

4. Stimulate awareness that a comprehensive alcohol safety system can reduce the problem to manageable proportions.

5. Educate the public about the truly excessive amounts

of alcohol required to reach BACs of .10 and what these BAC levels mean in terms of risk of crash involvement.

6. Educate young persons, who are inexperienced with both drinking and driving, to understand the special dangers involved in driving after drinking.

7. Induce those persons who are around problem drinker-drivers to keep them from driving while intoxicated.

8. Inform the social drinker of the dangers of excessive drinking and driving.

Not only can you embark on an educational campaign for the general public, you can also include your co-workers in the campaign, for many of them may not be as aware of the seriousness of the drinking-driver problem as you might think.

Devoting attention to drinking and driving problems in your treatment programs and engaging in educational endeavors with your staff and the general public are two major activities you can mount which will further significantly the campaign to reduce the number of alcohol-related crashes on our highways. But, as indicated earlier, you are only one of several groups with responsibility for coping with this problem. Other groups with responsibility are the courts, the police, licensing and registration agencies, state departments of education, and legislatures. Let us review quickly some of the actions we are encouraging these other groups to take, keeping in mind that several agencies have already begun to implement them.

This is what law enforcement agencies are being encouraged to do.

- Determine the locations, times of day, and days of week of most alcohol related crashes. Police can then increase patrols during those times and at those locations.

- Establish a system of roadside safety checks, where legal, to educate the public about the severity of the problem and the potential for being arrested and/or injured as a result of impaired driving.

- Train enforcement personnel in methods of detecting, apprehending, and handling intoxicated drivers. This includes acquiring the equipment to detect intoxication and then training officers to use it effectively.

- Engage in activities that will help educate the public about the magnitude and nature of the problem in lectures, "ride-along" programs and roadside checks.

- Simplify, expedite, and facilitate the policeman's court-related activities once he has arrested and charged a driver with DWI.

Here are some countermeasure activities that we are encouraging _the judiciary_ to undertake:

- Conduct presentence investigations of convicted drinker-drivers and obtain the necessary information to do this effectively. This means coordinating efforts with the Department of Motor Vehicles and appropriate alcoholism rehabilitation and treatment agencies so that judges can then select the disposition most likely to deter the problem drinker-driver from driving again while intoxicated.
- Provide special training for selected prosecutors whose sole function would be devoted to prosecution of DWI violations. Prosecute drivers accused of impaired driving for DWI rather than engage in plea bargaining.
- Supplement probation staff with personnel especially trained in alcohol problems.

Licensing and registration agencies are also being encouraged to take some action. They are being encouraged to

- exchange appropriate records with police and courts, and

- establish a comprehensive information file on previous actual and potential drinker-drivers. Such information can be obtained from records of alcohol-related arrests, from court records, from state licensing agencies, and from social and treatment service agency case records.

In addition, we are encouraging State legislatures to pass meaningful and effective alcohol-traffic safety laws. And finally, public information and education campaigns are being mounted to inform the public about the magnitude of the drinking-driver problem and of possible solutions.

These, then are some of the new approaches which have proven successful and which we expect other groups to initiate. As these approaches are implemented, each group will find itself working more and more in concert with other groups so that eventually the entire countermeasure program will consist of a unified coordinated effort on the part of the police, courts, legislature, Department of Motor Vehicles, public education system, and rehabilitation and treatment agencies.

This concludes our presentation of current approaches to solving the drinking-driver problem. We hope it has accomplished two objectives. We hope it has added to the list of new approaches that you, as rehabilitation-treatment professionals, can initiate in your institutions independently of what other areas in the traffic enforcement system are doing. And second, we hope the presentation has made clear that you are not alone in your effort to cope with the problem. All the agencies in the system -- police, courts, legislatures and Department of Motor Vehicles -- are being encouraged to work together and, in fact, are beginning to work together to reduce the number of citizens injured and killed on our highways in alcohol-related traffic accidents.

3:45 - 5:00: SMALL GROUP DISCUSSIONS OF DRINKER-DRIVER TREATMENT MODALITIES

CAPSULE DESCRIPTION

Participants break again into the five small groups. Each group engages in two tasks:

1. It enumerates briefly the treatment modalities commonly used in rehabilitation and treatment facilities and records these on a provided check list.
2. It discusses and establishes reasonable objectives that rehabilitation and treatment clinics can achieve with drinker-drivers and considers which modalities are appropriate for achieving each objective. This matching of objectives and modalities is recorded on the same check list.

The Group Moderators lead the small group discussions. The Governor's Representative and the Chairman circulate from group to group. The Governor's Representative calls the small groups back together when ten minutes remain in the activity. In this large group session moderated by the Governor's Representative, the Group Moderators present their groups' conclusions. If time permits, questions from the floor can be encouraged.

ACTIVITY #6

INTRODUCTORY SPEECH BY GOVERNOR'S REPRESENTATIVE

We are now beginning the last, but perhaps most important activity of the day. We have discussed in small groups and in large sessions the magnitude of the drinking-driver problem and the relationship between rehabilitation and treatment professionals and other groups in coping with that problem. In this activity we are going to return to a point treated in a previous presentation. We are going to consider _ways in which we can cope with the drinker-driver within the treatment modalities used by your clinics_. This activity is geared to a very practical consideration: how to attend specifically to the drinking-driver problem as an integral part of your on-going rehabilitation efforts.

The activity has three parts. In part one, you will enumerate briefly in your small groups the various treatment modalities currently used by rehabilitation and treatment clinics. You can begin the discussion by briefly mentioning your recommendations for treating the drinker-driver portrayed in the film, _Ladies and Gentlemen of the Jury_. In part two, you will carefully consider and decide which alcohol-traffic safety objectives you can reasonably try to achieve within each of these modalities. For example, is it reasonable to raise for discussion in Al-Anon groups the ways that spouses of problem drinkers can try to prevent them from driving after drinking? I am sure you will be able to think of many objectives that clinics can try to achieve within the framework of this and other treatment modalities. In part three, at the end of your discussion, we will re-group and hear each group's conclusions from the Group Moderators.

Please return now to your small groups. Your Group Moderator will explain in more detail the objectives of this activity.

ACTIVITY #6

INSTRUCTIONS TO GROUP MODERATORS

As in earlier small group activities, your role here is to moderate discussion by encouraging participants to direct their comments to each other rather than to you and to stick closely to the topic at hand in view of the time constraints.

Begin the discussion by reviewing with your group the three parts to this activity explained below. Make sure it understands the activity's objectives and the time constraints.

There are three parts to the activity.

1. Part one requires participants to enumerate and describe briefly the various treatment modalities they use in their clinics. Start by discussing treatment modalities that may be appropriate for the protagonist in Ladies and Gentlemen of the Jury. Then discuss other modalities. Try not to suggest them; let the members of the group identify modalities themselves. Examples may include group therapy, behavior modification techniques, Disulfiram treatment, one-to-one psychotherapy, family therapy, transactional analysis, psychodrama, and Alateen groups. Spend no more than 10 minutes on this part of the activity. Be alert for any tendency to digress into comparisons of the efficacy of various treatment methods. Be dictatorial if necessary, or you will impede the logical flow of the activity's objectives and lose valuable time. Record each treatment modality in abbreviated form on the check list provided.

2. In part two, have participants discuss and identify realistic objectives they feel can be achieved in their facilities in drinking-driving areas. Ask them what, specifically, they feel they could seek to accomplish in their facilities. You may want to give them an example, such as:

- Encourage patients' spouses to discuss with each other methods for preventing spouses from driving when impaired.
- Encourage patients to discuss alternate modes of transportation to use when they are intoxicated.
- Encourage patients to discuss with each other things they can do to prevent themselves from driving once intoxicated by taking actions prior to drinking, such as giving the car keys to their spouses or going to the bar on foot.
- Inform patients about how alcohol abuse impairs driving abilities and how people deceive themselves about this.

This is the most difficult part of the activity and possibly the most difficult task of the workshop. It is here that participants must deal with the nitty-gritty of what they can actually do about drinker-drivers in their facilities. Participants may claim there is nothing meaningful or appropriate they can do. Do not accept this. Urge them to think harder until they have truly exhausted all possibilities.

As objectives are established, ask participants to correlate each objective with modalities in which they can expect to achieve that particular objective. For example, in Al-Anon discussions an appropriate objective would be to have spouses discover ways to cope with husbands and wives who begin to drink and then attempt to drive. As appropriate modalities are raised for achieving each objective, record these on the check list provided.

Allow 45 minutes for this part of the activity.

3. Indicate to the Governor's Representative when your group has completed part two. When all other small groups are ready he will re-form the large group. He will then ask each Group Moderator to devote two minutes to presenting to the large group his group's conclusions. If time permits, participants may question the Group Moderators.

Activity #6 has the following time breakdown:

Governor's Representative's Introduction to Activity #6 and Group Moderator's Introductions to Small Groups: 10 minutes.

Part One: Enumeration of Treatment Modalities: 10 minutes.

Part Two: Identification of Appropriate Objectives and Matching of Objectives with Modalities: 45 minutes.

Part Three: Presentation of Conclusions: 10 minutes.

CHECK LIST FOR ACTIVITY #6

DRINKER-DRIVER OBJECTIVES AND MATCHING TREATMENT MODALITIES

Fill in the modalities enumerated by your group during part one of the activity. During part two, add the objectives appropriate to each modality as they are raised and discussed.

MODALITY (abbreviate)	APPROPRIATE OBJECTIVES
1. ____________________	a) to: ____________________
____________________	____________________
____________________	____________________
	b) to: ____________________
	____________________
	____________________
	c) to: ____________________
	____________________
	____________________
2. ____________________	a) to: ____________________
____________________	____________________
____________________	____________________
	b) to: ____________________
	____________________
	____________________
	c) to: ____________________
	____________________
	____________________

3. ______________________

____

____

a) to: ______________________________

____

____

b) to: ______________________________

____

____

c) to: ______________________________

____

____

4. ______________________

____

____

a) to: ______________________________

____

____

b) to: ______________________________

____

____

c) to: ______________________________

____

____

5:00 - 5:30: WRAP-UP

CAPSULE DESCRIPTION

The Governor's Representative and Chariman each give a brief speech. The Governor's Representative asks participants to fill out Post-Workshop Evaluation Forms, collects these forms, and closes the workshop.

CLOSING ADDRESS BY GOVERNOR'S REPRESENTATIVE

As we stressed at the beginning of this workshop, our major objective was for all of us to begin to find ways to cooperate effectively in order to cope with the drinking-driver problem. I am convinced that the dialogue and the spirit of cooperation furtherd by this workshop constitute an excellent and impressive contribution to helping solve the alcohol-traffic safety problem. We hope that those cooperative actions we have already identified here are in fact implemented after the workshop ends and that further meeetings are held to plan and implement additional cooperative endeavors.

I'd now like to ask the Chairman to make a few final remarks to us.

CONCLUDING SPEECH BY CHAIRMAN

It's been a pleasure to have been part of such an important workshop here today. As a result of what we have learned here, we can understand better the magnitude of the drinking-driver problem. The Governor's Representative and I alone have only a small impact on the efforts to curb this problem. With continuous cooperation among the judiciary, legislators, treatment and rehabilitation agencies, law enforcement officials, public information and education agencies, and the department of motor vehicles, we can all accomplish much more. As you well know, it will be easier for us to curb this problem if you continue to further the spirit and fact of cooperation among agencies and among your colleagues. With that cooperation we will be well on the road to eliminating the problem of the drinker-driver.

I thank you all for coming here and making this workshop a success.

GOVERNOR'S REPRESENTATIVE'S INSTRUCTIONS TO PARTICIPANTS FOR DISTRIBUTING AND FILLING IN POST-WORKSHOP EVALUATION FORMS

Again I thank you for your time and attention, but there is one more vital thing I would like you to do. We will hand out a series of forms, similar to the ones you filled out at the beginning of this session. When the stack of papers reaches you, take one and pass the rest on. The purpose of these forms is to allow us to see how effective these workshops are and how we can improve them. They are not a means of grading your success here; they allow us to grade ourselves. You will notice that there is no way we can identify who has filled out any particular form. Please answer the questions as honestly as possible; don't try to spare our feelings. The forms are intended to be self-explanatory but feel free to ask questions at any time. Please hand these sheets to me when you are finished.

POST-WORKSHOP EVALUATION

Directions: Obviously, this is the same form you filled out at the beginning of the workshop, with some additions. It is intended to provide us with an idea of how effective these sessions are and how they can be improved. Please answer the questions as honestly as possible; don't try to please us or spare our feelings.

Questionnaire:

1. Do you feel that the problem of alcohol-related traffic accidents is a serious one?
    ____not very serious
    ____serious
    ____very serious

2. Do you feel that a concerted effort in this country could help solve this problem?
    ____not much help at all
    ____help some
    ____help a lot

3. Do you feel that the problem is worth a major effort to solve?
    ____definitely not
    ____probably not
    ____probably
    ____definitely

4. If you answered Question #3 as "probably" or "definitely," whom would you involve in this effort? (check any or all)
    ____police
    ____prosecutors
    ____judges
    ____alcoholism rehabilitation and treatment professionals
    ____state legislators (changing laws)
    ____local government officials
    ____Department of Motor Vehicles officials
    ____the general public
    ____others (specify)______________________________

5. Do you feel that rehabilitation and treatment agencies alone without increased resources could make any significant contributions to helping solve the problem?
    ____yes
    ____no

6. Do you feel that what rehabilitation and treatment agencies could accomplish with their present resources would be worth the necessary redistribution of effort?
    ____yes
    ____no

7. Do you feel that it would be worth the redirected effort for rehabilitation and treatment agencies to try to influence other actors (those you checked in Question #4) to work together on this problem?
    ____yes
    ____no

8. Do you feel that any direct action on your part as an individual could help solve the problem?
    ____yes
    ____no

9. If yes, do you feel that helping to solve the problem would be worth the redirection of your personal efforts?
    ____yes
    ____no

10. Do you feel it would be worth your while to try to influence either your colleagues or the general public to increase their efforts to solve this problem?
    ____yes
    ____no

11. What pieces of specific information, if any, gave you this feeling?

12. Do you have any comments about how the training in this workshop might be improved?

13. Are there any substantive ideas you would like to add but didn't get a chance to mention during the workshop?

14. Do you feel that this day was well spent?

USE OF THE ATTITUDE EVALUATION FORMS

There are two sets of evaluation forms: a pre-test and a post-test. Both are very short exercises. The pre-test involves only closed-ended questions; the post-test repeats these questions and adds a few appropriate open-ended questions. The pre-test questionnaire should be administered at registration. The Chairman should be at the registration desk to ensure that each participant fills one out, to explain to participants the purpose of the pre-test, and to reduce potential participant anxiety about being tested. He should stress anonymity of response and the fact that the test is to evaluate the workshop organizers, not the participants. The test is designed to indicate how the organizers should alter the workshop format or activities if the tests indicate participants are not learning from them.

Use the following chart to analyze the results of the two tests. The analysis involves only counting answers to the closed-ended questions on both tests and comparing findings. The answers to the open-ended questions in the post-test should be carefully read for ideas and indications of possible changes in the conduct of the workshop.

Note that you will need to make multiple copies of the two tests for use in the workshop.

ANALYSIS OF RESULTS OF ATTITUDE EVALUATION FORMS

This should be a very short exercise, involving only counting answers to the short-answer questions. The long answers should be read for ideas and indications of possible changes in the conduct of the workshop. The third column won't be used now; there is a follow-up questionnaire that will be sent out later.

Number of responses to the pre-workshop evaluation ____(n)
Number of responses to the post-workshop evaluation____(N)
Number of responses to the follow-up evaluation ____(N')

	QUESTIONS	PRE-WORKSHOP		POST-WORKSHOP		FOLLOW-UP	
		#	%(#/n)	#	%(#/N)	#	%(#/N')
1.	not very serious	___	___	___	___	___	___
	serious	___	___	___	___	___	___
	very serious	___	___	___	___	___	___
2.	not much help at all	___	___	___	___	___	___
	help some	___	___	___	___	___	___
	help a lot	___	___	___	___	___	___
3.	definitely not	___	___	___	___	___	___
	probably not	___	___	___	___	___	___
	probably	___	___	___	___	___	___
	definitely	___	___	___	___	___	___
4.	police	___	___	___	___	___	___
	prosecutors	___	___	___	___	___	___
	judges	___	___	___	___	___	___
	rehabilitation workers	___	___	___	___	___	___
	state legislators	___	___	___	___	___	___
	local government	___	___	___	___	___	___
	Department of Motor Vehicles	___	___	___	___	___	___
	the general public	___	___	___	___	___	___
	other________________	___	___	___	___	___	___
	other________________	___	___	___	___	___	___
5.	yes	___	___	___	___	___	___
	no	___	___	___	___	___	___
6.	yes	___	___	___	___	___	___
	no	___	___	___	___	___	___

7. yes ___ ___ ___ ___ ___ ___
no ___ ___ ___ ___ ___ ___

8. yes ___ ___ ___ ___ ___ ___
no ___ ___ ___ ___ ___ ___

9. yes ___ ___ ___ ___ ___ ___
no ___ ___ ___ ___ ___ ___

10. yes ___ ___ ___ ___ ___ ___
no ___ ___ ___ ___ ___ ___

The most important responses are the answers to the open-ended questions. The analyst should go through these responses, listing the various actions contemplated by the participants, and count the number who mentioned each different action. To complete the evaluation of the workshop, compare all responses to questions on both the Pre- and Post-Workshop Evaluation Forms and determine the general trend of responses. Check this trend against the objectives of the workshop to see if they were achieved.

POST-WORKSHOP DEBRIEFING SESSION

It is a good idea to hold an evaluation session immediately following the workshop. The Group Moderators, the Governor's Representative, the Chairman and two or three of the participants can meet for a brief discussion. Discussions should be centered around the presentations made during the workshop, the audiovisual materials, and the small group discussions. The kinds of questions that should be raised are: Were the films of any value? Were the presentations clear, precise, and valuable? Were the group discussions helpful in promoting understanding of how the system works, of what all the elements of the system are, and of what each agency both as a separate entity and as part of a system can do about the alcohol-traffic safety problem?

To conclude the evaluation session it might be useful to end on the question: What kind of follow-up workshops or other activities would be useful in supporting our efforts here today?

GOVERNOR'S REPRESENTATIVE PRE-WORKSHOP INSTRUCTIONS

1. LOGISTICS
2. WORKSHOP PARTICIPANTS
3. FORMATION OF SMALL GROUPS
4. FORMS TO BE DUPLICATED
5. CHECKLIST OF PRE-WORKSHOP TASKS

1. LOGISTICS

FACILITIES

State and local facilities will be used for the alcohol-traffic safety countermeasure workshop. The workshop should have no more than 40 participants. It requires one large conference room and five smaller conference rooms located nearby, each large enough to accommodate 8 people. If these small conference rooms are unavailable it may be possible for the small groups to gather either around tables or in circles in separate areas of one large conference room. These facilities should be selected, examined, and secured at least two weeks prior to the workshop.

The workshop may be conducted in cooperation with a college or university. If this is done, college or other academic credits can often be offered to workshop participants. Using college or university facilities helps reduce rental costs if it would otherwise be necessary to rent space. If renting workshop facilities when classes are in session is difficult, it may be possible to hold the workshop during school vacations. It may be inconvenient for participants to go to the college or university to register prior to the workshop. To avoid such a trip the school's registration materials can be handed out during the workshop registration.

LUNCH

Although lunch is not an important substantive part of the workshop, arrangements for it should be handled well in advance. Lunch should be served in the same building where the workshop is held so that participants will not wander off after lunch. If possible, reserve a room for lunch so that all participants can eat and converse together. If the morning workshop sessions have gone well, much informal conversation at lunch will center around the drinking-driver problem. Speeches should be avoided during lunch, as they detract from participants' opportunity to have a relaxing break from the workshop sessions.

REGISTRATION

A Registration Desk should be set up at the entrance to the large conference room. The desk should be supervised by a secretary who has been fully briefed on all registration procedures. As each participant registers for the workshop, he is given his workshop folder. These folders must be prepared in advance and should have the participant's name, group number, and room number (for small group discussions) on the cover. The Pre-Workshop Evaluation form is filled out by the participants _during registration_ and collected by the Governor's Representative and/or the Chairman.

2. WORKSHOP PARTICIPANTS

INTRODUCTION

Three categories of participants, not including the Governor's Representative, will attend the workshop. These categories are:

a. Twenty to forty alcoholism rehabilitation and treatment professionals;

b. Four or five Group Moderators (plus two alternates) selected from among the 20 to 40 participants; and

c. The Chairman, a respected alcoholism rehabilitation and treatment professional who hosts the workshop.

In the following section, detailed descriptions are given of the procedures that the Governor's Representative should follow in selecting each participant. Included are sample letters of introduction inviting participants to attend the workshop and samples of other materials that the Governor's Representative will need to send to them. Participants' responsibilities in the workshop are also described.

a) ALCOHOLISM REHABILITATION AND TREATMENT PROFESSIONALS

SELECTION

The Governor's Representative of each state shall determine the best method for selecting participants. For assistance in identifying, selecting and inviting participants he may want to establish an informal panel consisting of three or four key state and local alcoholism rehabiltation and treatment professionals. Participants can be selected from private clinics, public and private hospital alcoholism units, Alcoholics Anonymous, Alateen and Al-Anon, and medical school faculties. The people invited to the workshop should be individuals who are in positions of authority in their institutions and clinics.

Invitations should specify that the respondent acknowledge his acceptance or refusal. (See page III-9 for sample invitation.) All invitations should be mailed not later than six weeks in advance so that the Governor's Representative will have enough time to issue invitations to other potential participants should a significant number of those originally invited decline to attend. Each workshop should have no fewer that 20 participants.

The letter to prospective participants should include the following items:

1. Letter of invitation (see page III-9)
2. Response form (see page III-10)
3. Workshop schedule (see page I-10)
4. Travel and accommodations information (see page III-12)
5. Self-addressed stamped envelope for returning response form.

If possible, it is highly desirable that the Governor or some other high state official sign the letter of invitation to stress the importance the state attaches to the workshop.

Alcoholism rehabilitation and treatment professionals are busy men and may be reluctant to leave their desks for a day to attend one of the many conferences they are invited to every year. Somehow this workshop must be seen as different from the others to which they are invited. To help make this workshop seem distinctive and to motivate alcoholism rehabilitation professionals to attend, the Governor's Representative can follow up the letters of invitation with personal phone calls.

SAMPLE LETTER OF INVITATION TO PARTICIPANTS

(Governor's Letterhead)

(date)

Dr. William Professional
Alcoholism Treatment Agency
Boston, Massachusetts 02116

Dear Dr. Professional

As you know, the number of people killed and injured on our highways in alcohol-related crashes has reached intolerable proportions. We are mounting a massive state campaign to counteract this carnage on the highways. As part of this campaign, we are hosting several alcohol-traffic safety workshops in an attempt to involve the courts, state officials, the police, rehabilitation and treatment agencies, and other relevant groups in a joint effort to cope with the problem. You have been recommended to me as a participant in our workshop for alcoholism rehabilitation and treatment professionals.

We know that the control of the drinker-driver is a complex problem. We expect this workshop will materially assist you in coming to grips with this problem by initiating and furthering contact among the alcoholism rehabilitation and treatment institutions and professionals that share responsibility for alcohol-traffic safety.

The workshop will consist of a one-day discussion and presentation of systematic approaches to handling drinker-drivers. I have enclosed a brief outline of the workshop proceedings for your perusal. The date of the workshop will be ______________________________ (fill in date workshop will be held). I have also enclosed an information card and ask that you please return it, indicating whether you will be able to attend. My Highway Safety Representative plans to telephone you shortly to explain, in more detail than this letter permits, the nature and great importance of this workshop and my strong concern that you attend.

I am enclosing information about travel to and from the workshop, which you may find useful. Please call (insert name of Governor's Representative) collect if you have any questions.

Sincerely,

____
(insert name of Governor)
Governor

Enclosures

APPENDIX A

SAMPLE RESPONSE TO INVITATION TO PARTICIPANTS

1. I ____do ____do not plan to attend.

2. I do plan to attend and would appreciate your calling me to explain the workshop in more detail. ____yes ____no

3. I am not sure if I can attend but would appreciate your calling me to explain the workshop in more detail. ________yes ________no

4. I cannot attend but I recommend you contact the following individual(s) who would be excellent participants for what you have in mind:

   Name:____
   Address:____
   Telephone:____

   Name:____
   Address:____
   Telephone:____

   Name:____
   Address:____
   Telephone:____

5. Important information about myself: (Complete only if you plan to attend.)

   a) Name:____

   b) Agency:______________________________________

   c) Position in agency:___________________________

   d) Alcohol traffic safety responsibility:
   ____
   ____
   ____

TRAVEL INSTRUCTIONS

The Governor's Representative should send all potential participants travel information in the letters of invitation. This should cover the following items:

1. Day conference will be held
2. Exact address of conference facilities
3. Nearest hotel accommodations and rates, if appropriate
4. Airlines that serve the workshop location
5. Transportation information from the airport to the workshop location, including:
    - taxi fares
    - availability of limousine service
    - availability of bus transportation
    - bus and/or limousine rates
6. Telephone numbers where workshop administrator(s) can be reached
7. Time of arrival, including:
    - the best time to arrive at airport to catch limousines, bus, or cab
    - time the conference starts.

This information will greatly reduce the problems participants often have when they make their own travel arrangements. It will also help ensure that participants arrive on time.

APPENDIX A

SAMPLE TRAVEL INFORMATION

The Acloholism Rehabilitation and Treatment Professionals Alcohol-Traffic Safety Workshop will be held at the Department of Transportation (DOT) Regional Office, 55 Wheeler Street, Cambridge, Massachusetts on February 5, 1973. Registration will begin promptly at 8:30 a.m. The workshop will begin promptly at 9:00.

If you plan to arrive the night before the conference, the nearest accommodation is the Homestead Inn, 429 Fresh Pond Circle, Cambridge. Room rates are $15.00/day for a single, $20.00/day for a double. The Homestead is within easy walking distance of the DOT Regional Office.

Allegheny Airlines services Boston from all airports within the state; maximum air fare is $30.00 from Springfield. However, it should be easier to drive from almost any point in the state since maximum driving time from the greatest distance is 2-1/2 hours. If you plan to drive, allow 1/2 hour to locate the facilities (see enclosed map).

Bus transportation and limousine service are not available from Boston's Logan Airport. It will be necessary to take a taxi cab. The cost from the airport to the conference facilities is approximately $5.00, and the driving time is about 1/2 hour. It will be necessary to arrive at Logan Airport no later than 8:30 a.m. in order to arrive at the conference in time. We strongly recommend you arrive the evening before.

In case of complications or questions, contact John Doe at 617-492-7100.

b. GROUP MODERATORS

The Governor's Representative selects five participants from among the core participants to serve as Group Moderators. He also chooses two alternates to be Group Moderators in the event that any of the scheduled Group Moderators fail to show up.

Selection of potential Group Moderators must await return of the acceptance-rejection form by the 40 participants who were originally invited to the workshop. Upon receipt of these forms, seven of those prospective participants who accepted the invitation and meet the Group Moderator selection criteria can then be sent the enclosed cover letter and Group Moderator Instructions (Appendix B).

Criteria for selecting Group Moderators are that they have the ability to talk freely and coherently in small group settings and the ability to command the respect of fellow participants. There is no sure method for discovering who among the core participants meet these criteria. However, when selecting core participants, certain individuals will no doubt be mentioned as meeting them. In addition, two or three well qualified participants may already be known to the Governor's Representative or his staff.

Once again, it is highly desirable that the Governor or some other high state official sign the invitation to indicate the importance the state attaches to the workshop. After waiting a week, follow the letter of invitation to the prospective Group Moderators with a phone call soliciting their acceptance and providing them with additional information about their role as Group Moderators.

APPENDIX A

SAMPLE LETTER OF INVITATION TO GROUP MODERATORS

(Governor's Letterhead)

(date)

Mr. Group Moderator
50-50 Balance Lane
Middletown, Lt. 02020

Dear Mr. Moderator:

As you already know by your acceptance of our invitation to participate in the Alcoholism Rehabilitation and Treatment Professionals Alcohol-Traffic Safety Workshop, we will be holding the workshop on _____________ (fill in date workshop will be held). I am extremely pleased you have accepted the invitation.

As part of the conference, we will need five Group Moderators to facilitate small group discussions that are an essential part of the workshop activities. We feel that your background and experience qualify you to be one of these Group Moderators. We hope that you will be interested in accepting this position. It does not entail any undue additional work either prior to or during the workshop. You will have additional responsibility, but we feel that you have amply demonstrated in the past that you exercise such responsibility exceptionally well.

Briefly, we are asking you to moderate three small group activities. This involves facilitating an atmosphere in which there will be a free and open discussion of the issues. In the following materials, these discussions take place in Activities #1, 4 and 6.

In the first activity, participants in five small groups answer a series of questions about drinking and driving issues. In the second small group activity, each group discusses steps which responsible alcohol-traffic safety agencies might take in a systematic alcohol-traffic safety countermeasure effort. The last activity that takes place in the small groups centers on treatment modalities and their objectives.

In all three activities, group discussions are intended to elicit the opinions, experiences and expectations of the participants. While the training materials contain some descriptions of prior and current efforts to deal with the drinker-driver, we are not assuming or expecting that any particular conclusions will be reached by any group. The job we are asking you to do is to facilitate, not teach.

In a few days my Highway Safety Representative, ___________(fill in name), will call you to find out if you will be able to assume the role of a Group Moderator in the workshop. I would appreciate your giving full consideration to sharing this important responsibility with us.

Sincerely yours,

____
(insert name of Governor)
Governor

Enclosures

(The letter to the Group Moderators also includes a full copy of their instructions. See Appendix B, pages III-29 -65.)

c. CHAIRMAN

SELECTION

Selection of a workshop Chairman is of the utmost importance. Participants who may listen politely to an "outsider" talking to them about their work will pay infinitely more attention if someone from their field whom they respect gives his "seal of approval" to the workshop. The Chairman should therefore be:

1. A member of the alcoholism rehabilitation and treatment profession;

2. Someone with whom the participants are already familiar through personal contact, publicity, or general good reputation;

3. Someone who has magnetic appeal or charisma and can "turn on" an audience;

4. Someone, in short, who will inspire the participants with the feeling that if he is present and actively involved in the workshop, it must be a valuable event.

The Chairman will have the following functions to perform before and during the workshop.

1. He will meet with the Governor's Representative prior to the workshop to review and suggest revisions in the workshop program and, in particular, to discuss his role in the workshop.

2. He will make an introductory speech at the beginning of the workshop, present the magnitude, nature and scope of the drinking-driver problem and present a lecture on current systems approaches to solving the drinking-driver problem.

3. He will be available during the workshop to answer questions from participants.

4. He will make a concluding statement at the close of the workshop.

You may want to decrease or increase the Chairman's tasks, depending on how much work he is willing to perform, how much of the work you want to delegate, and the extent to which workshop participants are likely to respond to his leadership. For example, you may not want to alternate with him in giving introductions and directing activities during the workshop. You may prefer instead either to administer most of these introductions and directions yourself or to have him administer most of them.

You may already be familiar with the names of two or three individuals who would be good chairmen. If not, you can solicit suggestions from well-known alcoholism treatment professionals If several professionals recommend the same individuals, your task is simplified by this corroborative evidence of appropriateness. If none of these professionals recommends the same individual(s), you will have to select from among all of the recommended individuals those you feel most closely meet the criteria listed above.

When you have two or three prospects, telephone the best one first and explain that you and the Governor expect to be holding a workshop with alcoholism rehabilitation and treament professionals and:

1. Explain the nature of the workshop in detail;

2. Elaborate what his role will be and why it is important that he, in particular, be the Chairman;

3. Indicate that the Governor feels strongly that he would be the best man for the job; and

4. Stress that he will need some advance preparation but that he will receive all necessary assistance.

If he is interested, follow up the call with a formal letter of invitation (see sample letter on following page) and schedule a preliminary meeting. At this meeting you should cover the following points:

1. Review in detail what his role will be at the workshop;

2. Review his prepared speeches, indicating that he is welcome to revise or even rewrite them, provided you can review and approve a copy of his revisions prior to the workshop;

3. Actively solicit his suggestions for improving the workshop. Even better, actually involve him in the development process, for the more he participates in its development, the more he will feel he has a stake in its success. In any case, it is likely he will have some good ideas;

4. Schedule him to arrive the day before the workshop to have dinner with you and to review last-minute developments and revisions.

Should the initial prospect not be interested and/or available, contact the next person on your list, and so on down the line.

Above all, make the Chairman an integral part of the workshop, for if he is a person well-known and respected by the participants, they will begin the workshop with a positive attitude that you can build upon during the rest of the workshop.

SAMPLE LETTER OF INVITATION TO PROSPECTIVE WORKSHOP CHAIRMAN

(Governor's Representative Letterhead)

(date)

Dr. A. Professional
Alcoholism Treatment Clinic
1776 Independence Avenue, S.W.
Washington, D. C. 02173

Dear Dr. Professional:

As you are aware from our earlier conversation, we are holding a series of very important workshops on alcohol-traffic safety. The number of people killed and injured on our highways in alcohol-related crashes has reached intolerable proportions. As a result, we are mounting a massive state campaign to counteract this carnage on the highways. As a part of this campaign we are conducting several workshops in an attempt to involve state officials, alcoholism rehabilitation and treatment professionals, the courts, the police, and other relevant groups in a joint effort to cope with this problem.

You have been repeatedly recommended to us as a prospective Chairman for one of these workshops, the one for alcoholism rehabilitation and treatment professionals with responsibility for alcohol-traffic safety. Your participation in this capacity would greatly assist us. The workshop will last one day. At the workshop we will discuss and present current approaches used to handle problem drinker-drivers. I have enclosed a brief outline of the workshop's planned proceedings for your perusal. The workshop will be held on ____________________(fill in date of workshop).

We would like you, as the Chairman, to lend your expertise and experience in the field of alcohol-highway traffic safety to this workshop. Your responsibilities would involve:

1. Making an introductory speech that has already been written, but that you may revise or rewrite as you and I see fit;

2. Presenting a pre-written but alterable speech on the nature and scope of the drinking-driver problem;

3. Giving a pre-written lecture on current systems approaches to solving the drinking-driver problem; and

4. Making a brief concluding statement at the close of the workshop that also has already been written but that you may revise or rewrite as needed.

Of course, your responsibilities can be revised if necessary.

I sincerely hope you will be able to act as Chairman at this workshop, as your presence would greatly help to motivate participants to reduce the alarming number of alcohol-related crashes on our highways.

In approximately one week, my Highway Safety Representative, ________________ (insert name), will be calling you to answer any questions regarding what your role as Chairman would involve. He will be able to make an appointment at that time to meet with you for further discussions. He will also be able to furnish you with all the materials you will need to participate in the workshop. In the meantime, feel free to call him at any time if you have any questions.

Sincerely,

____
(insert name of Governor)
Governor

Enclosures

(This letter to the prospective workshop Chairman should also include copies of the Workshop schedule and outline.)

d. NEWS MEDIA
(OPTIONAL)

Members of the press can be invited to observe part or all of the workshop. This will help publicize the problem of alcohol-traffic safety and will help educate the mass media to the necessity of transmitting the drinking and driving message to the general public. If media representatives attend, they should be fully briefed about the workshop before it begins and be given an opportunity to have questions answered when it ends.

3. FORMATION OF SMALL GROUPS

Five small groups of equal size will be formed. The Governor's Representative will find it helpful to form these groups before the workshop begins and to place a group number on each identification badge. He also should try to make the groups as heterogeneous as possible, by forming them on the basis of geography, specialty, age, and general political outlook.

4. FORMS TO BE DUPLICATED

Listed below are the locations in the Manual of all forms needed to conduct the workshop. Enough forms must be duplicated so that each participant can receive a copy of every form.

1. Registration form. This is the only form not provided in the Manual. The Governor's Representative must develop one.

2. Pre-Workshop Evaluation Form, pages II-6 - 7.

3. Information Inventory, pages II-28 - 31.

4. Information Inventory Answer Sheet, page II-48.

5. Discussion Sheet for Activity #4, page II-65.

6. Scenario for Activity #4, pages II-59 - 60.

7. Check List for Activity #6, pages II-92 - 93.

8. Post-Workshop Evaluation Form, pages II-99 - 101.

5. CHECK LIST OF PRE-WORKSHOP TASKS

The following chart is a check list of tasks the Governor's Representative should complete in preparation for the workshop. The chart has been organized into three tracks:

- TRACK I lists tasks to be performed in selecting and inviting participants, including the Group Moderators. Most of these tasks must be performed in sequence -- that is, one task cannot be performed until the previous one has been completed. For example, the Group Moderators cannot be selected until prospective participants have indicated they will attend the workshop, because the selection of Group Moderators will come from the pool of participants.

- TRACK II lists tasks to be performed in selecting, inviting, and working with the Chairman. All the tasks in this TRACK may be undertaken independently of the tasks in either TRACKS I or III.

- TRACK III lists tasks related to the mechanics of conducting the workshop — facilities and materials. All the tasks in this track may be undertaken independently of the tasks in either of the other two tracks.

Needless to say, it is crucial that certain tasks be completed well in advance of the workshop. The Governor's Representative may find it useful to indicate expected dates of completion for each task in the right-hand margin of each track. Such a timetable for completion of each task will help the Governor's Representative to closely control the workshop preparations.

It is suggested that duplicate copies be made of this checklist and the master kept intact for future use. The individuals involved in workshop preparations should have their own copy with notations indicating which specific tasks they are responsible for carrying out and the date by which they are expected to have completed them.

APPENDIX A

TRACK I: PARTICIPANTS

by whom by when

A. PRELIMINARY TASKS (___)

1. Determine days of week for workshop (___)
2. Determine dates for workshop (___)
3. Fill in data on sample schedule (___)
4. Write travel instructions (___)
5. Duplicate:
    a. 100 copies of schedule (___)
    b. 50 copies of response form (___)
    c. 10 copies of instructions to Group Moderators (___)
    d. 50 copies of travel instructions (___)
    e. 50 copies answer sheet to Inventory (___)

B. SELECT PARTICIPANTS (___)

1. Select likely prospects (___)
2. Type letter of invitation (___)
3. Have Governor sign letters (___)
4. Type return address envelope (___)
5. Assemble letter, including
    a. cover letter (___)
    b. schedule (___)
    c. travel instructions (___)
    d. response forms (___)
    e. return address envelope (___)
6. Mail packets (___)
7. Tabulate Responses (___)
    a. Repeat steps in B if fewer than 25 prospects accept (___)
    b. Prepare name tags (___)

C. SELECT GROUP MODERATORS (___)

1. Select appropriate prospects (___)
2. Type letters of invitation (___)
3. Have Governor sign letters (___)
4. Mail with Group Moderator instructions (___)
5. Telephone (___)
6. Repeat steps in C if fewer than 5 prospects accept (___)
7. Prepare name tags (___)

TRACK II: CHAIRMAN

by whom by when

A. DUPLICATE: (___)

1. Instructions to Chairman (___)
2. Copy of instructions to Group Moderators (___)

B. INVITATIONS (___)

1. Select prospect(s) (___)
2. Telephone (___)
3. Type formal letter of introduction (___)
4. Have Governor sign letter (___)
5. Send letter with workshop schedule (___)

C. MEETINGS (___)

TRACK III: MECHANICS

by whom by when

A. FACILITIES (___)

1. Examine, select, and reserve facilities (___)
2. Arrange lunch (___)
3. Brief secretary on registration procedure (___)
4. Fill in last page of Chairman's opening speech on facilities (___)
5. Arrange for Alcohol Awareness Seminar (___)

B. MATERIALS (___)

1. Audiovisual (___)
    a. Order films (___)
    b. Preview films (___)
    c. Examine facilities to determine equipment needs (___)
    d. Order equipment (___)
2. Packets (___)
    a. Write resources list (___)
    b. Send for packet materials (___)
    c. Duplicate 50 copies of
        i. Schedule (___)
        ii. Resource list (___)
        iii. Information Inventory (___)
        iv. Discussion Sheet for Activity #4 (___)
        v. Scenario for Activity #4 (___)
        vi. Check List for Activity #6 (___)
    d. Buy packet envelopes (___)
    e. Assemble packet (___)
    (See pp. III-75 - 78 of manual for contents)
3. Duplicate Evaluation Forms (Tests) (___)
4. Complete Activity #2
    for local and state statisitics (___)

C. DAY PRIOR TO WORKSHOP (___)

1. Pick up, set up, and test audio-visual equipment (___)
2. Set up Registration Desk (___)
    a. packets-handouts (___)
    b. pre-tests (___)

APPENDIX B

GROUP MODERATORS WORKSHOP MATERIALS

SCHEDULE

8:30 - 9:00	REGISTRATION
9:00 - 9:30	INTRODUCTIONS BY GOVERNOR'S REPRESENTATIVE AND CHAIRMAN
9:30 - 10:00	ACTIVITY #1: INTRODUCTORY EXERCISE
10:00 - 10:15	COFFEE BREAK
10:15 - 11:15	ACTIVITY #2: NATURE AND SCOPE OF THE PROBLEM
11:15 - 12:00	ACTIVITY #3: FILM: LADIES AND GENTLEMEN OF THE JURY
12:00 - 1:00	LUNCH
1:00 - 3:00	ACTIVITY #4: TEAM APPROACH TO SOLVING THE PROBLEM
3:00 - 3:15	COFFEE BREAK
3:15 - 3:45	ACTIVITY #5: CURRENT APPROACHES PRESENTATION
3:45 - 5:00	ACTIVITY #6: SMALL GROUP DISCUSSIONS OF DRINKER-DRIVER TREATMENT MODALITIES
5:00 - 5:30	WRAP-UP

8:30 - 9:00: REGISTRATION

CAPSULE DESCRIPTION

Registration takes place between 8:30 and 9:00 a.m. If possible, two assistants should supervise the Registration Desk. Participants fill in and immediately return the initial evaluation form. Participants also pick up their packets of information at this time.

9:00 - 9:30: INTRODUCTIONS

CAPSULE DESCRIPTION

The Governor's Representative opens the workshop promptly at 9:00 a.m. with an introductory speech. He then introduces the Chairman who in turn makes an introductory speech that explains the team approach to dealing with the drinker-driver. Both speeches should end before 9:30 a.m.

9:30 - 10:00: INTRODUCTORY EXERCISE

CAPSULE DESCRIPTION

The workshop divides into small groups led by the Group Moderators. Using an Information Inventory Form, the members of each small group jointly answer as many questions as possible during the time allotted. Each person notes on his question sheet his group's responses, as well as any personal comments. None of the answer sheets are handed in, but for the sake of coordination the Group Moderators take written or mental notes of their groups' responses.

GENERAL INSTRUCTIONS FOR GOVERNOR'S REPRESENTATIVE AND GROUP MODERATORS

This exercise involves answering questions on an information survey. Each group jointly answers as many questions as it can in the time allotted. The Group Moderators note their group's answers and facilitate discussion concerning them. They keep the group moving from question to question and prevent spending too much time on any one question. They point out that the answers will not be collected and therefore it is not important to make sure they are all absolutely correct. It is advisable for participants to record their group's answers on their question sheets along with any disagreements or comments they may have. These will be helpful during the discussion period later. Following the next activity, which will provide answers to many of the questions in the Information Inventory, each participant will be provided with an answer sheet and an opportunity to discuss further any of the questions.

This activity serves two purposes. It involves participants in group work. To facilitate this, the Group Moderators should have each member of their group introduce each other briefly at the beginning of the activity. The activity also demonstrates the extent to which participants have (or lack) an understanding of the scope and nature of the problem. The form of the exercise is that of a quiz. However, the Governor's Representative should attempt to remove any feelings of quiz-like pressure.

The Governor's Representative can improve this exercise by adding to it questions about the drinking-driver situation in his state. A form on which to summarize these data is provided in Activity #2.

SAMPLE INTRODUCTORY SPEECH BY GOVERNOR'S REPRESENTATIVE

For our first exercise, I would like to ask you to divide into small groups. Your name tags indicate which small group you belong in. (Indicate where each group meets.) Each of you will be given a list of multiple-choice and true-false questions. This is not a quiz. Rather, it is designed to determine what you think the facts are about drinking and driving and to allow you to see what kinds of questions merit further investigation. Together, each group is to come up with as many answers as it can in 20 minutes. You will record your answers on answer sheets. These sheets will not be collected but will serve as the basis for later discussion. While you may know the answers to many of the questions, you may have to make educated guesses about some.

After completing the exercise we will have a coffee break and then a presentation that will answer many of the questions raised by the exercise. After that, we will distribute answer sheets which will provide the basis for an open discussion. Therefore, each of you will probably want to note on your question sheet your group's responses and any additional comments you would like to make.

LIST OF QUESTIONS FOR ACTIVITY #1: INFORMATION INVENTORY

1) What is the Blood Alcohol Concentration (BAC) level presumptive of legal intoxication in this state?

a) .05%
b) .08%
c) .10%
d) .15%
e) .20%

2) Approximately how many drinks (one-ounce shot of 86 proof whiskey, twelve-ounce can of beer, or four-ounce glass of wine) would a 175-pound man have to consume to reach this BAC? Assume that he drinks them within an hour's time and that he has not eaten for at least three hours.

a) three
b) six
c) nine

3) Which of the methods listed below effectively sober up a person so that he will be able to drive safely? (circle one or more)

a) black coffee
b) waiting as long as is necessary
c) cold shower (or a dip in a swimming pool, lake, etc)
d) hot shower, steam bath, sauna
e) a shock (like an auto accident, or near miss)
f) exercise
g) fresh air
h) none of the above

4) True or false: One or two drinks of alcohol sharpen your driving skills.

5) When a 175-pound man has had nine standard drinks on an empty stomach two hours before driving, what do you think his chances are of being involved in an accident?

- a) 2 times greater than when he is sober
- b) 5 times greater than when he is sober
- c) 25 times greater than when he is sober

6) In most states, what proportion of the drivers arrested for driving while intoxicated do you think have had a previous arrest for DWI?

- a) 1 in 2
- b) 1 in 10
- c) 1 in 25

7) In most states, what percentage of the drivers arrested for DWI do you think are already known to community service agencies for having other alcohol problems?

- a) 10%
- b) 50%
- c) 80%

8) Approximately how many people were killed last year in traffic accidents in this country?

- a) 5,000
- b) 25,000
- c) 50,000
- d) 100,000

9) Approximately what percentage of these deaths involved drinker-drivers or drinking pedestrians?

- a) 25%
- b) 50%
- c) 75%

10) What percentage of those accidents in which blameless drivers were killed were caused by drinking drivers?

a) 15%
b) 45%
c) 75%

11) On the average, people arrested for DWI have Blood Alcohol Concentrations that would result from a 175-pound man drinking how many drinks in an hour?

a) 3
b) 6
c) 10

12) Alcohol is medically considered:

a) a stimulant
b) a depressant
c) both
d) neither

13) In California a study was made of the records of traffic violations of all types. What percentage of people who had had their licenses revoked were caught driving without a license?

a) 15%
b) 35%
c) 65%

14) True or false: In most states, when a person is stopped for a DWI violation, his record is usually checked for previous violations (at least those violations which took place within the state).

15) True or false: In most states alcohol is involved in more run-of-the-mill crashes than in serious crashes.

16) True or false: Alcohol-related crashes typically involve drivers with BACs that are at very high levels rarely found among drivers who do not get into accidents.

17) What proportion of adult pedestrians hit by vehicles are under the influence of alcohol?

- a) 10%
- b) 40%
- c) 80%

18) True or false: Since few alcoholics own cars, they do not contribute significantly to the drinking-driver problem.

19) True or false: Very few convicted drinker-drivers have ever been involved in any crime (such as drunk and disorderly) other than DWI.

20) True or false: Two-and-a-half times as many people are killed in alcohol-related automobile accidents as are killed in willful murders.

21) True or false: Five times as many people are injured in alcohol-related car accidents as are hurt in crimes against persons (muggings, assaults, etc.).

10:15 - 11:15: NATURE AND SCOPE OF THE PROBLEM

CAPSULE DESCRIPTION

In this activity there is a brief slide presentation by the Chairman about the magnitude of the national alcohol-highway traffic safety problem. It is followed by a film, Point Zero Eight, which describes a driving experiment conducted in Canada and shows the effects of alcohol on driving ability. Following the film presentation, the Governor's Representative conducts a brief discussion in which he reviews the answers to the questions participants dealt with in Activity #1.

11:15 - 12:00: FILM, "LADIES AND GENTLEMEN OF THE JURY"

This film describes the events following a crash by an intoxicated driver. It includes the arrest and trial and testimony on the nature and extent of the problem. While the film has many flaws (most notably its portrayal of the Judge), it does help pose a question to the participants: "If the defendant were convicted, what course of treatment would you recommend for him?" The Governor's Representative introduces the film very briefly, noting its flawed nature, and asks participants to note on a sheet of paper their recommendation. He indicates that this recommendation will be briefly discussed at the beginning of Activity #6.

1:00 - 3:00: TEAM APPROACH

CAPSULE DESCRIPTION

This activity takes place in three parts. After an introduction by the Governor's Representative, participants in small groups discuss the objectives, constraints, and interrelationships among the various actors involved in controlling the drinker-driver by responding to a scenario of a drinking-driver event. (60 minutes) The second part involves presentations of each group's conclusions to the entire workshop. (15 minutes) Finally, representatives of each group meet together in a panel discussion of the issues raised. (30 minutes)

INSTRUCTIONS TO GOVERNOR'S REPRESENTATIVE

This activity is intended to heighten the rehabilitation and treatment professionals' awareness of influences other than their own which play a part in the overall alcohol-traffic safety countermeasure system. From this expanded point of view, the rehabilitation and treatment professionals then develop a concept of the system as a whole, what role they play in it, and how their role is perceived by the other actors. This will help them in the future to cooperate with other parts of the system.

The following introductory speech, given by the Governor's Representative, explains in detail the nature of the activity.

INTRODUCTORY SPEECH BY GOVERNOR'S REPRESENTATIVE

This is a very exciting activity we are about to engage in. It has three parts. In the first part you will meet for one hour in small groups to discuss your response to a scenario about joint action to solve the drinking-driver problem. We will then regroup and the Group Moderator from each small group will take three minutes to report to the large group his group's recommendations for solving the drinking-driver problem. Finally, the Group Moderators, along with one other member from each group, will form a panel and attempt to resolve the differences among the recommendations each group suggested.

I will now read the scenario, which you can review again when you break into your small groups.

"You are representatives of different organizations of state or local governments operating in one small jurisdiction, such as a county or town. At 9:00 last Tuesday evening, a motorist who had three prior arrests for DWI hit a car driven by a woman taking her three children home from a school play. The woman and two of the children were killed instantly; the third child will be crippled the rest of her life. The driver at fault was also killed. An autopsy indicated that he had a BAC of .23.

"A doctor at the hospital emergency room realized that expensive surgery and therapy would be required for the surviving child and that the family's health insurance did not cover such extraordinary expenses. The doctor therefore contacted a reporter from the local paper who then wrote a moving article about the family, the children, the accident, and the drinker-driver. After the reporter researched the damage caused by drinker-drivers, he became so outraged that he contacted the local TV station. The TV station asked the town Mayor to appear in a panel interview with several reporters to discuss the drinking-driver problem in their community.

"The Mayor in turn contacted local representatives of the state and local governments, all of whom are involved in attempting to solve the drinking-driver problem. He asked them to describe what they were attempting to do; whether they were successful; if not, what was preventing them from being successful; how they were interacting with other agencies in their efforts; and what actions they recommended to improve the situation."

When you break into your small groups, we want you to respond to this scenario by pretending that you are the representatives of the state and local agencies the Mayor has called on for information. We want Group I to pretend it is the state and local police; Group 2 pretends it is local prosecutors; Group 3 role plays the Department of Motor Vehicles; Group 4 pretends it is the Highway Safety Committee of the State Legislature and the Town Committee; and Group 5 role plays the judges of the local traffic court.

Once in your small groups, reread the scenario with these role play parts in mind and then use the Discussion Sheet provided in your packets to answer the Mayor's questions as if you were these different individuals. Before you break into your small groups, let me discuss briefly each of the four areas in which you are to provide responses to the scenario and then give you an opportunity to ask questions about the activity if you are confused about your task. Take out this Discussion Sheet from your folders. (Pause while participants do this.)

The objectives of your agency are its goals. We can assume that your primary goal is to eliminate or reduce loss of life, injury, and property resulting from accidents caused by drinker-drivers. For each of you, there will be slightly different subsidiary goals or sub-objectives which indicate how your agency can help achieve this primary goal. For instance, the police may feel that one of their sub-objectives is the arrest of all people driving while intoxicated. They may also want to ensure that all drivers without licenses are removed from the road. Undoubtedly you will think of many other sub-objectives too.

A constraint is anything that either prevents or hampers you from accomplishing your goals. For instance, a judge may be constrained from passing appropriate sentences on drinker-drivers because of plea-bargaining on the part of the prosecutor. Other constraints might be the lack of manpower, funds, or both.

Interrelationships mean the changes you would like to see made by other agencies insofar as other agencies' behavior affects your actions. Let's make an important point here. What is your agency willing to do in exchange for new actions taken by other agencies? While "interrelationships" specify recommended actions for other agencies, recommendations specify suggested actions by your agency. Remember that the Mayor is hoping to improve the overall situation by pooling resources and initiating cooperation. So describe actions you would take based on his perspective.

Following three-minute presentations by each Group Moderator to the other groups, the Group Moderators along with one other member of each group, will participate in a half-hour panel discussion in which they represent the roles that they have taken in their small groups and attempt to resolve the differences among the representatives of each group. Each group should therefore immediately select who, in addition to the Group Moderator, will represent them on the panel.

The aim of the panel discussion is to develop a coordinated plan for the community to control the drinker-driver. We do not expect that you will necessarily achieve this goal, but each of you should use the panel discussion to point out what your agency can reasonably be expected to do to help others and why. Together, you should work toward a mutual understanding of the problems of other agencies and be willing to work together to overcome these problems in order to help to control the drinker-driver.

Are there any questions? Remember that you can ask questions of the Chairman, the Group Moderator, or me at any time. We will try our best to answer all of your questions. But also remember that we are counting on _you_ to provide ideas, based on _your_ experience with the problem. Now, let's rejoin our small groups.

INSTRUCTIONS TO GROUP MODERATORS

The role of the Group Moderator is very important in this activity.

In guiding your one-hour group discussion, your responsibilities are twofold. First, you will help elicit discussion and channel it along the general topic area specified. Second, you will record the conclusions and recommendations your small group makes. Although you are to help limit the discussion to the general topic at hand and discourage irrelevant conversation, you should encourage discussion on any specific subject areas relevant to the general topic.

Recording the conclusions is a relatively easy task. The form is explained in the Governor's Representative's instructions to participants.

Eliciting discussion is a more difficult task. Establish rapport within the group. Once the members recognize the objective role of the Moderator, there should be less need for competition, and a feeling of group cohesiveness should evolve. Try to create an image of non-leadership.

Begin by directing a question to one participant. The first topic is objectives, so an obvious first question might be, "Well, as representatives of the courts, what do you think that one of our sub-objectives might be?" When a participant has replied, ask the others to comment on his response. Don't contribute your opinion until a discussion is well under way, unless you find that starting the discussion is difficult. If the first person you talk to doesn't have a specific reply, either go on to another person or rephrase the question.

Once someone has made a comment, try to get others to compare their experiences or opinions, using the same questioning technique if necessary. Encourage participants to direct their comments to each other, not to you.

Once discussion has begun, bear in mind the time limitations. Make the group aware of the time limit, but don't use it to cut people off unless they are monopolizing the conversation or drifting far off the topic. Allow one hour for the entire discussion. When almost half that time is up, indicate that other questions must be discussed and ask the group to agree on their responses to the first two questions so that their responses can be entered in the first two sections of the response form. Read the information back to the group to be sure it agrees with their responses. Then move on to a discussion of the second half of the form following the same discussion procedure.

When the group discussions are completed, the Governor's Representative will call on you and the other Group Moderators to report in three minutes individually to the assembly the conclusion reached by their groups. You need only read the result from your response form and explain your reasoning. Upon completion of the presentation of conclusions by the Group Moderators, the Governor's Representative convenes the panel discussion. Instructions for this part of the activity are included at the end of the Governor's Representative's Introductory speech to this activity.

Governor's Representative's Introduction:	15 minutes
Small Group Discussion:	60 minutes
Group Moderators' reports:	15 minutes
Panel Discussion:	30 minutes

DISCUSSION SHEET FOR TEAM APPROACH EXERCISE

Objectives of Your Agency (What you expect to achieve with respect to the drinking-driver problem):

Constraints (Things that prevent you from accomplishing your objectives):

Interrelationships (What you would like other agencies to do in order for you to accomplish easily your objectives):

Recommendations (What you would do, given increased cooperation, to accomplish your objectives and help other agencies to accomplish theirs. This should include concessions to the needs of other agencies in exchange for their cooperation with you.)

3:15 - 3:45: CURRENT APPROACHES PRESENTATION

CAPSULE DESCRIPTION

The Chairman gives a brief presentation on current approaches for coping with alcohol-traffic safety problems. His report has three components:

1) current and recommended methods of cooperation that rehabilitation and treatment agencies can engage in with other agencies;

2) current and recommended methods by which rehabilitation and treatment agencies can cope with drinker-drivers within their clinic operations independently of what other agencies may be doing about the problem; and

3) current actions other agencies are taking and are being encouraged to take to contribute their share to solving the drinking-driver problem.

3:45 - 5:00: SMALL GROUP DISCUSSIONS OF DRINKER-[illegible] TREATMENT MODALITIES

CAPSULE DESCRIPTIONS

Participants break again into the five small groups. Each group engages in two tasks:

1. It enumerates briefly the treatment modalities commonly used in rehabilitation and treatment facilities and records these on a provided check list.
2. It discusses and establishes reasonable objectives that rehabilitation and treatment clinics can achieve with drinker-drivers and considers which modalities are appropriate for achieving each objective. This matching of objectives and modalities is recorded on the same check list.

The Group Moderators lead the small group discussions. The Governor's Representative and the Chairman circulate from group to group. The Governor's Representative calls the small groups back together when ten minutes remain in the activity. In this large group session moderated by the Governor's Representative, the Group Moderators present their groups' conclusions. If time permits, questions from the floor can be encouraged.

INTRODUCTORY SPEECH BY GOVERNOR'S REPRESENTATIVE

We are now beginning the last, but perhaps most important activity of the day. We have discussed in small groups and in large sessions the magnitude of the drinking-driver problem and the relationship between rehabilitation and treatment professionals and other groups in coping with that problem. In this activity we are going to return to a point treated in a previous presentation. We are going to consider ways in which we can cope with the drinker-driver within the treatment modalities used by your clinics. This activity is geared to a very practical consideration: how to attend specifically to the drinking-driver problem as an integral part of your on-going rehabilitation efforts.

The activity has three parts. In part one, you will enumerate briefly in your small groups the various treatment modalities currently used by rehabilitation and treatment clinics. You can begin the discussion by briefly mentioning your recommendations for treating the drinker-driver portrayed in the film, Ladies and Gentlemen of the Jury. In part two, you will carefully consider and decide which alcohol-traffic safety objectives you can reasonably try to achieve within each of these modalities. For example, is it reasonable to raise for discussion in Al-Anon groups the ways that spouses of problem drinkers can try to prevent them from driving after drinking? I am sure you will be able to think of many objectives that clinics can try to achieve within the framework of this and other treatment modalities. In part three, at the end of your discussion, we will re-group and hear each group's conclusions from the Group Moderators.

Please return now to your small groups. Your Group Moderator will explain in more detail the objectives of this activity.

INSTRUCTIONS TO GROUP MODERATORS

As in earlier small group activities, your role here is to moderate discussion by encouraging participants to direct their comments to each other rather than to you and to stick closely to the topic at hand in view of the time constraints.

Begin the discussion by reviewing with your group the three parts to this activity explained below. Make sure it understands the activity's objectives and the time constraints.

There are three parts to the activity.

1. Part one requires participants to enumerate and describe briefly the various treatment modalities they use in their clinics. Start by discussing treatment modalities that may be appropriate for the protagonist in *Ladies and Gentlemen of the Jury*. Then discuss other modalities. Try not to suggest them; let the members of the group identify modalities themselves. Examples may include group therapy, behavior modification techniques, Disulfiram treatment, one-to-one psychotherapy, family therapy, transactional analysis, psychodrama, and Alateen groups. Spend no more than 10 minutes on this part of the activity. Be alert for any tendency to digress into comparisons of the efficacy of various treatment methods. Be dictatorial if necessary, or you will impede the logical flow of the activity's objectives and lose valuable time. Record each treatment modality in abbreviated form on the check list provided.

2. In part two, have participants discuss and identify realistic objectives they feel can be achieved in their facilities in drinking-driving areas. Ask them what, specifically, they feel they could seek to accomplish in their facilities. You may want to give them an example, such as:

- Encourage patients' spouses to discuss with each other methods for preventing spouses from driving when impaired.
- Encourage patients to discuss alternate modes of transportation to use when they are intoxicated.
- Encourage patients to discuss with each other things they can do to prevent themselves from driving once intoxicated by taking actions prior to drinking, such as giving the car keys to their spouses or going to the bar on foot.
- Inform patients about how alcohol abuse impairs driving abilities and how people deceive themselves about this.

This is the most difficult part of the activity and possibly the most difficult task of the workshop. It is here that participants must deal with the nitty-gritty of what they can actually do about drinker-drivers in their facilities. Participants may claim there is nothing meaningful or appropriate they can do. Do not accept this. Urge them to think harder until they have truly exhausted all possibilities.

As objectives are established, ask participants to correlate each objective with modalities in which they can expect to achieve that particular objective. For example, in Al-Anon discussions an appropriate objective would be to have spouses discover ways to cope with husbands and wives who begin to drink and then attempt to drive. As appropriate modalities are raised for achieving each objective, record these on the check list provided.

Allow 45 minutes for this part of the activity.

3. Indicate to the Governor's Representative when your group has completed part two. When all other small groups are ready he will re-form the large group. He will then ask each Group Moderator to devote two minutes to presenting to the large group his group's conclusions. If time permits, participants may question the Group Moderators.

Activity #6 has the following time breakdown:

Governor's Representative's Introduction to Activity #6 and Group Moderator's Introductions to Small Groups: 10 minutes.

Part One: Enumeration of Treatment Modalities: 10 minutes.

Part Two: Identification of Appropriate Objectives and Matching of Objectives with Modalities: 45 minutes.

Part Three: Presentation of Conclusions: 10 minutes.

CHECK LIST FOR ACTIVITY # 6

DRINKER-DRIVER OBJECTIVES AND MATCHING TREATMENT MODALITIES

Fill in the modalities enumerated by your group during part one of the activity. During part two, add the objectives appropriate to each modality as they are raised and discussed.

MODALITY (abbreviate)	APPROPRIATE OBJECTIVES
1. ________________	a) to: ________________
________________	________________
________________	________________
	b) to: ________________
	________________
	________________
	c) to: ________________
	________________
	________________
2. ________________	a) to: ________________
________________	________________
________________	________________
	b) to: ________________
	________________
	________________
	c) to: ________________
	________________
	________________

3. ____________________

a) to: ____________________

b) to: ____________________

c) to: ____________________

4. ____________________

a) to: ____________________

b) to: ____________________

c) to: ____________________

5:00 - 5:30: WRAP-UP

CAPSULE DESCRIPTION

The Governor's Representative and Chairman each give a brief speech. The Governor's Representative asks participants to fill out Post-Workshop Evaluation Forms, collects these forms, and closes the workshop.

CLOSING ADDRESS BY GOVERNOR'S REPRESENTATIVE

As we stressed at the beginning of this workshop, our major objective was for all of us to begin to find ways to cooperate effectively in order to cope with the drinking-driver problem. I am convinced that the dialogue and the spirit of cooperation furtherd by this workshop constitute an excellent and impressive contribution to helping solve the alcohol-traffic safety problem. We hope that those cooperative actions we have already identified here are in fact implemented after the workshop ends and that further meeetings are held to plan and implement additional cooperative endeavors.

I'd now like to ask the Chairman to make a few final remarks to us.

CONCLUDING SPEECH BY CHAIRMAN

It's been a pleasure to have been part of such an important workshop here today. As a result of what we have learned here, we can understand better the magnitude of the drinking-driver problem. The Governor's Representative and I alone have only a small impact on the efforts to curb this problem. With continuous cooperation among the judiciary, legislators, treatment and rehabilitation agencies, law enforcement officials, public information and education agencies, and the department of motor vehicles, we can all accomplish much more. As you well know, it will be easier for us to curb this problem if you continue to further the spirit and fact of cooperation among agencies and among your colleagues. With that cooperation we will be well on the road to eliminating the problem of the drinker-driver.

I thank you all for coming here and making this workshop a success.

GOVERNOR'S REPRESENTATIVE'S INSTRUCTIONS TO PARTICIPANTS FOR DISTRIBUTING AND FILLING IN POST-WORKSHOP EVALUATION FORMS

Again I thank you for your time and attention, but there is one more vital thing I would like you to do. We will hand out a series of forms, similar to the ones you filled out at the beginning of this session. When the stack of papers reaches you, take one and pass the rest on. The purpose of these forms is to allow us to see how effective these workshops are and how we can improve them. They are not a means of grading your success here; they allow us to grade ourselves. You will notice that there is no way we can identify who has filled out any particular form. Please answer the questions as honestly as possible; don't try to spare our feelings. The forms are intended to be self-explanatory but feel free to ask questions at any time. Please hand these sheets to me when you are finished.

APPENDIX C

MISCELLANEOUS APPENDICES

1. Instructions for Ordering and Use of A-V Equipment
2. Instructions for Assembling Participants' Packet
3. Follow-up Evaluation Forms
4. Optional Alcohol Awareness Seminar

1. INSTRUCTIONS FOR ORDERING AND USE OF A-V EQUIPMENT

This section explains what audiovisual equipment must be rented or otherwise obtained, how to use that equipment, and where to obtain the two films to be used during the workshop.

RENTAL AND USE OF 16mm SOUND PROJECTOR

Please read these instructions completely at least two working days before the beginning of the workshop. The points covered are:

- Examining the hall;
- Renting the equipment;
- Setting up the equipment;
- Operation of the equipment;
- Possible difficulties.

APPENDIX C

EXAMINING THE HALL

This is a simple, short process, but it is necessary in order to determine exactly what equipment will be needed. Just determine where the projector and screen will be and where the nearest electrical outlet is. Then complete this form:

Need projection table? Yes____No____
Distance from projector to outlet (approximate):____ft.
Type of outlet: Three-hole (grounded)____Two-hole____.
Need screen? (Many halls have permanent ones) Yes__No__.
Distance from projector to screen (approximate):_____ft.

RENTING THE EQUIPMENT

A 16-mm sound projector can be rented for less than $20/day from almost any medium to large camera or photographic supply store. The form filled out above will provide the information necessary to determine what additional equipment will be needed. It is preferable, but not necessary, to have a detachable speaker with a long enough cord to reach to the front of the room. Since this is the most common kind of arrangement, it should be easy to obtain. All that is needed for a projection table is some sort of stable platform high enough so that the projector lens is above any fixed objects in between the projector and the screen. Usually, this can be found somewhere in the building where the hall is located. The distance from the projector to the screen determines the size of the lens necessary to fill the screen; if the room is unusually long or short, point this out to the person providing the equipment. Similarly, find out from him if the power cord that comes with the projector is long enough and if the plug will fit the receptacle. An extension cord and/or an adapter may be necessary.

It is important that the projector have an extra projector bulb with it; these burn out fairly often. Also, the "exciter lamp" may burn out. This occurs less often, but it is a good idea to have a replacement for this too.

SETTING UP THE EQUIPMENT

Look at the projector when you rent it to see if there are instructions about threading the film. If there aren't any, have someone show you how that particular projector works. The important points are to make sure that the spikes on the sprockets go through the holes on the film, that the film is seated in the guide behind the lens, and that there are loops above and below the lens. Set up the projector before the beginning of the workshop, focus the lens, set the sound level and determine that everything works.

OPERATION

Rewind the film to the beginning. In some machines this involves taking the film out of the sprockets and moving the reels by hand. Turn on the machine and then the lamp. There will be an interlock to prevent you from stopping the film while the lamp is on; don't override this; it will burn out the frame. The "framer" knob (often on top of the machine) corrects if you are getting parts of two frames at once. If the picture starts jumping up and down, press the "systems restorer" button. If this fails to correct the problem, stop the machine immediately and check the seating of the film on the sprockets. At the end of the film, rewind it before you return it to the can. This is almost always done by removing the film from the sprockets.

POSSIBLE DIFFICULTIES

The best way to minimize difficulties is to talk with someone who has used the machine and to read any available instructions. The most frequent problem is not caused by misuse; it is a jumping frame. When this occurs, it means that the sprocket holes on the film have been torn. If the sound doesn't come on, first check to see if there is a separate switch for it and that the volume is turned up (sometimes there are two of these: one on the machine, and one on the speaker). Then check the connections. There should be light coming from the exciter lamp housing (usually on the front lower right-hand corner, when seen from the back). The bulb may be out. If you change the projector bulb, handle it with a handkerchief; it stays hot a long time. When in trouble, see if any of the trainees have had experience with projectors; many people have had to use them at one time or another.

RENTAL AND USE OF 33-mm SLIDE PROJECTOR

Please read the section on the movie projector first. Many of the same comments apply here.

The section above, "Examining the hall," also includes all the information needed for the rental of the slide projector. Be sure that the projector has the right lens, a long enough power cord (or an additional extension), the right kind of plug or adaptor, and a table and screen, if necessary. If you get a model with remote control, make sure the cord for that device is long enough. The remote control should include a provision for focusing, or the projector should have automatic focusing, although these features are not necessary. While slide projector bulbs have a longer life than those on movie projectors, there should still be a spare.

You may have a choice between a magazine, which is also called a cartridge or slide tray, and a "stack loader." The magazine is a more reliable means of keeping the slides in order and obtaining them one at a time. It requires that you place the slides one-by-one in the tray before you begin the presentation. With the number of slides that you are using, this is not a great chore. Because of its more reliable operation and the ease with which you can refer back to earlier slides, the magazine type is preferable. The stack loader allows you to place a pile of slides in the machine and to go through them one-by-one. It is more likely to jam and more difficult to backtrack.

Since there are many different kinds of projectors, have the person renting the equipment give you explicit operating instructions, including a demonstration.

When inserting the slides in the projector, it is important that they have the right orientation: Hold the slide right-side-up so any writing on the slide reads left-to-right. Then flip the slide over so that the side you just looked at faces the screen and is upside down. Now insert it in the machine. In order to make this convenient, there is a dot on each slide. The slide should be oriented so that when the projectionist is facing the screen the dot is in the upper right-hand corner. Double-check this by running the slides once before the conference begins. This will also enable you to detect any slides that are out of order.

Each slide should be focused separately, either by an automatic device or by the operator. This is because all slides are slightly warped. Also, it is a good idea to check any slides kept on the screen for a period of time; they may go out of focus. Focus as closely as you can; out-of-focus images can tire people very quickly.

The caution noted earlier about removing a dead projection bulb applies to slide projectors too. They are hot and stay hot for a long time. Allow the machine to cool by leaving the fan on after the bulb has been turned off. When removing jammed slides, be as gentle as possible.

Effective use of slides depends on timing. Don't remove a slide from the screen until you are just about to make a point about the next one. Take your time; if you've seen the slides before, you will read them more quickly than your audience will. Pause briefly if the slide is a chart to allow people to interpret it. Encourage questions and, if a comment indicates that someone did not understand a previous slide, return to it.

APPENDIX C

ORDERING AUDIOVISUAL MATERIALS

The Governor's Representative will need to order two films that are used in the workshop:

POINT ZERO EIGHT

Produced by CTV Television Network LTD.
42 Charles Street
Toronto 5, Ontario, Canada

30 minutes, black and white, 16 mm.

Try to order it from the local Alcohol Safety Action Program (ASAP) or State Division of Alcoholism. Otherwise, film can be purchased for $125.00 from the above address. Contact Gail Thompson, (416) 924-5454.

Allow two weeks for delivery.

LADIES AND GENTLEMEN OF THE JURY

Produced by the National Highway Traffic Safety Administration
400 7th and D Streets, S.W.
Washington, D.C. 20590

27-1/2 minutes, color, 16-mm.

For borrowing, contact:

Office of Alcohol Countermeasures
Director's Office
National Highway Traffic Safety Administration
Washington, D.C. 20591
(202) 426-1675

Office of Alcohol Countermeasures
Technical Reference Division
c/o Winifred Desmond
National Highway Traffic Safety Administration
400 7th and D Streets, S.W.
Washington, D. C. 20590
(202) 426-2768

For purchase, contact:

Bebelle Corporation
416 W. 45th Street
New York City, N. Y. 10036
(212) 245-8900

The purchase price is $150.00.

Two to three weeks are needed for delivery.

2. INSTRUCTIONS FOR ASSEMBLING PARTICIPANTS' PACKET

There are fourteen items in the packet of literature to be distributed to Workshop participants. Inclusion of additional items should be avoided. Participants will be willing and even eager to read three or four pamphlets or articles, but a mass of literature may incline them to avoid reading anything. The contents and value of each item should be briefly explained to participants during introductory speeches. What follows is a capsule description of each item and a location from which each can be ordered in quantity. Packet envelopes may be obtained in most stationery stores.

(1) SCHEDULE OF DAY'S EVENTS

This is the same schedule as in the Manual. The Governor's Representative must have the appropriate data on the workshop typed in and enough copies must be duplicated for all participants.

(2) DEVELOPING A STATE ALCOHOL SAFETY PROGRAM, SECTION IV, "SYSTEM DEFICIENCIES AND RECOMMENDED CORRECTIVE COUNTERMEASURES" (16 pages)

This is Part IV of an article prepared by the National Highway Traffic Safety Administration that describes the components of a comprehensive alcohol-traffic safety program.

Copies may be obtained by writing to the Department of Transportation Regional Office. Allow four weeks for delivery.

(3) "ALCOHOL SAFETY COUNTERMEASURES PROGRAM" (12 pages)

This is a brief pamphlet outlining the National Highway Traffic Safety Administration's program to reduce the number of alcohol-related crashes.

Copies may be obtained by writing to the Regional DOT office. Allow four weeks for delivery.

(4) "MANUAL FOR A SELECTIVE TRAFFIC ENFORCEMENT PROGRAM FOR ALCOHOL RELATED MOTOR VEHICLE CRASHES" (43 pages)

This is a comprehensive outline of a curriculum on alcohol-traffic safety written by the International Association of Chiefs of Police for use by police instructors. If you have a manual of your own, feel free to substitute it.

Copies may be obtained by writing to the Regional DOT office. Allow four weeks for delivery.

(5) "ABC'S OF DRINKING AND DRIVING" (15 pages)

A cartoon pamphlet with considerable basic information about alcohol and drinking and driving; geared toward exposing myths.

Contact your State Division of Alcoholism or Department of Mental Health. Also distributed by Channing L. Bete Co., Inc., 45 Federal St., Greenfield, Massachusetts.

(6) RESOURCES LIST

This is a list of resources participants can telephone or write to after the workshop if they need assistance or information in implementing their new approaches. The Governor's Representative or his staff must compile the list for his state or community.

If the Governor's Representative prefers, he can omit this list and suggest that participants refer any requests for assistance directly to him. In that case, he should make sure participants have his full name, address and telephone number.

Multiple copies of the Resource List should be made.

(7) BLOOD ALCOHOL CONTENT WHEEL

This is a dial that enables a person to compute how much he must drink to reach a given BAC level.

Contact the local Alcohol Safety Action Program (ASAP) for copies. If your state does not have an ASAP or your ASAP does not have the dial, request copies from the Regional DOT office. Allow four weeks for delivery.

(8) NHTSA NOTICE 900 ON: REFERENCES TO SOCIAL DRINKERS IN NHTSA ALCOHOL COUNTERMEASURES; PUBLIC EDUCATION COMMUNICATION (1 page)

An NHTSA statement designed to ensure that NHTSA employees and contractors in their public statements and program materials do not cause the public to misunderstand the NHTSA position regarding the social drinker and highway safety.

Copies may be obtained from the Regional DOT office.

(9) "CIVIL RIGHTS RESPONSIBILITIES" (3 pages)

A DOT position paper on discrimination by agencies and contractors receiving any Federal financial assistance from DOT.

(10) "INFORMATION INVENTORY"

See pages II-28 - 31.

(11) DISCUSSION SHEET FOR ACTIVITY #4

See page II-65.

(12) SCENARIO FOR ACTIVITY #4

See pages II-59 - 60.

(13) CHECK LIST FOR ACTIVITY #6

See pages II-92 - 93.

(14) NAME TAGS

3. FOLLOW-UP EVALUATION

Three methods of follow-up evaluation are provided in this Manual.

Completion of pre- and post-evaluation forms by participants and analysis of them by the Governor's Representative and his staff. These forms and a method for analyzing them have been included in Section II, Governor's Representative and Chairman Workshop Materials, under Registration and Conclusion.

Debriefing by the Governor's Representative and his staff with the Group Moderators and two or three other workshop participants. This method of workshop evaluation has also been described at the very end of Section II, under Post-Workshop Debriefing Session.

Long-term evaluation of participant attitudes and behavior. This last type of follow-up evaluation is provided for in the following section.

The ultimate criterion of the workshop's success or failure is whether participants in fact implemented any of the concrete actions for coping with the alcohol-traffic safety problem suggested during the workshop. The ideal way to determine this would be to visit each participant and observe his behavior. This is impractical. What can be done, however, is to mail participants a follow-up questionnaire several weeks or even months after the workshop to solicit information about their present attitudes and behaviors. What follows are:

- a sample cover letter that the Governor's Representative can send to participants;
- a follow-up questionnaire; and
- a form which the Governor's Representative can use to collate and then analyze participants' responses.

Using these three methods of evaluation, the Governor's Representative will be able to gain useful information on the success or failure of his workshop and how to improve it for the future.

GOVERNOR'S REPRESENTATIVE LETTERHEAD

insert name and address
____
____

Dear Sir:

Last ________________ (insert date of workshop) you attended a workshop on the drinking-driver problem. We appreciate your contributing your time to that effort, and we hesitate to make further requests. However, it is necessary for us to have a real measure of the impact of the workshop, so we would appreciate a few more minutes of your time.

Enclosed you will find a questionnaire which, to some extent, duplicates the ones you filled out at the workshop. We need to compare the reactions of participants immediately after the workshop with their reactions some time later. The directions are the same; this is not a test and, indeed, the names of the respondents will not be recorded on the analysis forms. Answer the questions as best you can; if you feel that you cannot answer a particular question, just note the reason.

Again, thank you for your time and effort.

Sincerely,

____
Governor's Representative

Enclosure

QUESTIONNAIRE

1. Do you feel that the problem of alcohol-related traffic accidents is a serious one?
   - ____not very serious
   - ____serious
   - ____very serious

2. Do you feel that a concerted effort in this country could help solve this problem?
   - ____not much help at all
   - ____help some
   - ____help a lot

3. Do you feel that the problem is worth a major effort to solve?
   - ____definitely not
   - ____probably not
   - ____probably
   - ____definitely

4. If you answered Question #3 as "probably" or "definitely," whom would you involve in this effort? (Check all that apply.)
   - ____police
   - ____prosecutors
   - ____judges
   - ____alcoholism rehabilitation professionals
   - ____state legislators (changing laws)
   - ____local government officials
   - ____Department of Motor Vehicles officials
   - ____the general public
   - ____other (specify)____

5. Do you feel that your agency alone, without increased resources, could make any significant contributions to helping the problem?
   - ____yes
   - ____no

6. Do you feel that what it could accomplish would be worth the necessary redistribution of effort?
   - ____yes
   - ____no

7. Do you feel that it would be worth the redirected effort for your agency to try to influence other actors (those you checked in Question #4) to work together on this problem?
____yes
____no

8. Do you feel that any direct action on your part could help solve the problem?
____yes
____no

9. If yes, do you feel that helping solve the problem would be worth the redirection of your efforts?
____yes
____no

10. Do you feel it would be worth your effort to try to influence either your agency or the general public toward an increased effort directed at this problem?
____yes
____no

11. Do you feel that the workshop has increased your confidence about being able to have an impact on the problem?
____yes
____no

12. Have you attempted any actions because of your workshop experience?
____yes
____no
If you answered this question "no," skip to Question #16.

13. What were they?

____

____

____

14. Would you consider them successful?
____yes
____no
____can't say

15. Do you have any comments on the success of your actions?

____

____

____

16. Have any other agency personnel initiated actions because of your workshop experience, either as a result of your instructions, suggestions, or example?

____yes
____no

If you answered "no" to this question, skip to Question #20.

17. Would you consider these actions successful?

____yes
____no
____can't say

18. Do you have any comments on the success of these actions?

____

____

____

19. Do you feel that the workshop days were well spent?

____

20. Do you have additional comments of any kind?

____

____

____

____

ANALYSIS OF RESULTS OF ATTITUDE EVALUATION FORMS

This is a very short exercise involving counting answers to the short-answer questions. The long answers should be read for ideas and indications of possible changes in the conduct of the workshop.

Number of responses to the pre-workshop evaluation ____(n)
Number of responses to the post-workshop evaluation____(N)
Number of responses to the follow-up evaluation ____(N')

QUESTIONS	PRE-WORKSHOP		POST-WORKSHOP		FOLLOW-UP	
	#	%(#/n)	#	%(#/N)	#	%(#/N')
1. not very serious	___	___	___	___	___	___
serious	___	___	___	___	___	___
very serious	___	___	___	___	___	___
2. not much help at all	___	___	___	___	___	___
help some	___	___	___	___	___	___
help a lot	___	___	___	___	___	___
3. definitely not	___	___	___	___	___	___
probably not	___	___	___	___	___	___
probably	___	___	___	___	___	___
definitely	___	___	___	___	___	___
4. police	___	___	___	___	___	___
prosecutors	___	___	___	___	___	___
judges	___	___	___	___	___	___
rehabilitation workers	___	___	___	___	___	___
state legislators	___	___	___	___	___	___
local government	___	___	___	___	___	___
Department of Motor Vehicles	___	___	___	___	___	___
the general public	___	___	___	___	___	___
other________________	___	___	___	___	___	___
other________________	___	___	___	___	___	___
5. yes	___	___	___	___	___	___
no	___	___	___	___	___	___
6. yes	___	___	___	___	___	___
no	___	___	___	___	___	___

7. yes ___ ___ ___ ___ ___ ___
no ___ ___ ___ ___ ___ ___

8. yes ___ ___ ___ ___ ___ ___
no ___ ___ ___ ___ ___ ___

9. yes ___ ___ ___ ___ ___ ___
no ___ ___ ___ ___ ___ ___

10. yes ___ ___ ___ ___ ___ ___
no ___ ___ ___ ___ ___ ___

11. yes ___ ___ ___ ___ ___ ___
no ___ ___ ___ ___ ___ ___

12. yes ___ ___ ___ ___ ___ ___
no ___ ___ ___ ___ ___ ___

14. yes ___ ___ ___ ___ ___ ___
no ___ ___ ___ ___ ___ ___
can't say ___ ___ ___ ___ ___ ___

16. yes ___ ___ ___ ___ ___ ___
no ___ ___ ___ ___ ___ ___

17. yes ___ ___ ___ ___ ___ ___
no ___ ___ ___ ___ ___ ___
can't say ___ ___ ___ ___ ___ ___

The most important responses are the answers to questions 12 - 17. The analyst should review these responses, list the various actions contemplated

4. OPTIONAL ALCOHOL AWARENESS SEMINAR

Two different types of optional activities in which participants and/or subjects drink alcohol and periodically check their BAC levels with chemical breath-testing equipment can be used at the end of the first day's activities. Both can be very useful in illustrating many points about drinking behavior and about impaired driving. Of the two, the one a workshop administrator will want to implement will depend on the extent to which he feels comfortable engaging in these types of activities and on his ability to arrange them. This will mean obtaining the necessary beverages and equipment and locating personnel to operate the breath-testing equipment. If one of the two BAC demonstrations is implemented, a follow-up discussion must be held along the lines suggested in the instructions for activity #6. Unless the follow-up discussion is carefully planned and executed, observers may leave the demonstration with erroneous conclusions about how alcohol affects driving ability.

a. AN ALCOHOL AWARENESS SEMINAR

In this activity all participants are invited to drink as much alcohol as they want and to test out periodically their BAC levels on chemical breath-testing equipment. Each time a test is taken, the result is written on a sticky label and affixed to the participant's clothing so that everyone knows what everyone else's BAC level is.

The objectives of this seminar are to provide:

1. An opportunity to socialize informally;
2. An understanding of how chemical breath-testing equipment works and of what the relationship is between alcohol consumption and BAC levels;
3. An awareness of just how much alcohol must be imbibed in order to reach a BAC level that is legally presumptive of intoxication;
4. An understanding of how alcohol abuse impairs driving ability;
5. An illustration of how some people can feel sober enough to drive but have high BAC levels that indicate they are impaired;

6. An illustration of how a person may appear sober and capable of driving safely but in fact have a high BAC level and be impaired.

The Governor's Representative can introduce the seminar to participants by explaining its nature and referring to the first four objectives listed above (save any reference to the other two objectives for follow-up discussions). He might want to request a volunteer to attempt to reach the BAC level that is presumptive evidence of intoxication in his state. He will want to stress the fact that participation is voluntary.

The Governor's Representative will have to make the necessary arrangements in advance for securing a bar, alcohol, chemical breath-testing equipment, sticky labels, if possible a driving simulator, and personnel to operate the bar and equipment. Chemical breath-testing equipment is usually available from local or state police and/or the local Alcohol Safety Action Project (ASAP). A trained policeman or other trained professional should be present for the evening to administer the tests. A high school or professional driving school may be able to provide a driving simulator along with a staff member to administer the driving tests.

b. AN ALCOHOL AWARENESS EXPERIMENT

When it is not feasible or wise to conduct the above seminar, it may be possible to have one or two volunteers from the community, such as doctors or professors, drink alcohol in the presence of the participants. They should periodically take a chemical breath test to determine their BAC level and then attempt to perform tests requiring clear reasoning powers and quick reaction abilities. Their performance on these tests when impaired can be compared to pre-tests performed when sober. The discussion points suggested above can still be pursued at the end of the experiment.

FOLLOW-UP DISCUSSION

If the Governor's Representative decides to host an Alcohol Awareness Seminar for participants, he should make absolutely certain that it becomes a vehicle for furthering the workshop experience in alcohol awareness as well as being a pleasant social event for the participants. To ensure this awareness takes place, follow-up discussion of the seminar must take place either immediately following the seminar or, preferably, the following morning before the day's regular activities. This discussion, lasting about a half hour and led by the Governor's Representative or by the Chairman, should support and reinforce the information being presented and the attitudes being fostered during the rest of the workshop. Discussion can center on the following points of interest:

1) During the seminar, did you think that the amount of alcohol you consumed was related to your BAC level?

2) Did any of you feel sober enough to drive but have high BACs? What might account for this discrepancy?

3) What kinds of behavior did you observe in those people who had low, medium, and high BACs? Could you guess what their BACs must be by observing their behavior? If so, how? If not, why not?

4) What was the behavior like of the volunteer who reached a BAC level of .10? Could you tell he was impaired? If so, how? If not, why not?

5) When someone has reached a BAC of .10, how many drinks would you now estimate he has imbibed?

The answers to these questions should be related specifically to law enforcement efforts. For example, a participant's ability to reach BAC levels of .10 and above and yet seem sober and pass (or even improve on) dexterity tests can be related to the police officer's task of determining whether drivers he has stopped for suspicion of drunk driving are impaired or not. In short, a driver can be impaired and a police officer not know it. It should be clearly pointed out that while participants may have reached high BACs but appeared unimpaired, their apparently normal social behavior and even average performance on the driving simulator at high BACs fail to reveal that if they were driving an automobile:

1) They might have a tendency to take risks they would not take were they sober, like passing on a curve; and

2) They might be able to handle a car in normal traffic but be unable to respond quickly and safely to unexpected driving conditions, such as a pedestrian coming out from between parked cars.

3) Impaired individuals can often handle adequately a single task, such as touching their nose, but be unable to competently or safely cope with multiple tasks, such as steering a car, shifting, turning on a directional, and watching for pedestrians.

NOTE

It is possible that the BACs recorded by subjects on breath testing equipment may not correspond to the reading on BAC charts or dials for the same number of drinks. Such a discrepancy may occur because of one or more of the following:

- the machine was faulty (for example, from excessive movement to the workshop)
- the dial or chart uses non-corresponding data - different proof, hours of elapsed time, weight, etc.
- the subject may have eaten before drinking
- different people have different metaboloism rates.

When such a discrepancy occurs, these possibilities should be explained to participants.

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